Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office Jun 19, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-045-34972 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE [] \boxtimes 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Calloway 3 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 100 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number **Burlington Resources Oil Gas Company LP** 14538 3. Address of Operator 10. Pool name or Wildcat P.O. Box 4289, Farmington, NM 87499-4289 **Basin Fruitland Coal** 4. Well Location Unit Letter 1040 feet from the 1890 North line and feet from the line 11W Section Township 31N Range **NMPM** San Juan County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5848' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON П REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** \boxtimes COMMENCE DRILLING OPNS. P AND A \Box MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB \boxtimes DOWNHOLE COMMINGLE OTHER: APD Extension OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. DIST. 3 Burlington Resources wishes to extend the APD approval for the subject well. OIL CONS. DIV. $\mathcal{E}_{X}T$ \mathcal{E}_{X} Pikes 5-12-2012 Rig Released Date: ROVD APR 5'11 Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Staff Regulatory Technician DATE 4/5/11 SIGNATURÉ Type or print name Dollie L. Busse E-mail address: dollie.l.busse@conocophillips.com PHONE: 505-324-6104 For State Use Only $_{
m TITLE}$ SUPERVISOR DISTRICT # 3 DATE APR 0 8 2011

APPROVED BY: <

Conditions of Approval (if any):