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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

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State of New Mexico Energy, Minerals and Natural Resources Department District Office Form C-103 Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. WELL API NO. DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 30-025-11857 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE _ FEE X 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS NMJ-585 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Legal ÖİL WELL [GAS WELL X OTHER 2. Name of Operator Burlington Resources Oil & Gas Co 8. Well No. 3. Address of Operator P.O. Box 51810 Midland, TX 9. Pool name or Wildcat <u> 79710-1810</u> 4. Well Location <u>Jalmat Tansill Yates 7 Rivers</u> Unit Letter 660 Feet From The South Line and 660 Feet From The Line 31 Section Township **25S** Range 37E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Lea County 2994' GR 11. 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 REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Set CIBP at 2710'. Spotted 25 sxs "C" cmt on top of CIBP. Calc'd top of cement at 2510'. 10-20-92: Spotted 15 sxs "C" cmt from 1185' - 1077' and tagged. 10-20-92: Spotted 40 sxs "C" cmt from 409' - surface. Hole circulated with 10# mud. Installed dry hole marker. Well plugged and abandoned 10-20-92. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Assistant TYPE OR PRINT NAME Deborah Magness DATE

TELEPHONE NO.