District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

# State of New Mexico

Energy, Minerals and Natural Resources

## Oil Conservation Division
## 1220 S. St Francis Dr.
## Santa Fe, NM 87505

Form C-103
Permit21685

WELL API NUMBER
30-045-33151

5. Indicate Type of Lease
P

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:G

7. Lease Name or Unit Agreement Name
RANDLEMAN

8. Well Number
001R

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY LP

9. OGRID Number
14538

3. Address of Operator
3401 E. 30TH ST , FARMINGTON , NM 87402

10. Pool name or Wildcat

4. Well Location
Unit Letter C : 735 feet from the N line and 2365 feet from the W line
Section 13 Township 31N Range 11W NMPM San Juan County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
5866 GR

Pit or Below-grade Tank Application ☐ or Closure ☐
Pit Type _____ Depth to Groundwater_____ Distance from nearest fresh water well_____ Distance from nearest surface water_____
Pit Liner Thickness:_____ mil Below-Grade Tank: Volume_____ bbls; Construction Material_____

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 ☐ | REMEDIAL WORK ☐ | ALTER CASING ☐ |
| TEMPORARILY ABANDON ☐ | CHANGE OF PLANS ☐ | COMMENCE DRILLING OPNS. ☐ | PLUG AND ABANDON ☐ |
| PULL OR ALTER CASING ☐ | MULTIPLE COMPL ☐ | CASING/CEMENT JOB ☐ | |
| Other: | | Other: **Spud** | ☒ |

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.

**1/14/2006** Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Specialist DATE 1/19/2006

Type or print name Joni Clark E-mail address jclark@br-inc.com Telephone No. 505-326-9701

**For State Use Only:**

APPROVED BY: Charlie Perrin TITLE District Supervisor DATE 1/25/2006