

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-22625

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6654

7. Lease Name or Unit Agreement Name

STATE 19 COM

8. Well No.

2

9. Pool name or Wildcat

SOUTH MILLMAN MORROW

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

BURLINGTON RESOURCES OIL & GAS COMPANY

3. Address of Operator

P.O. Box 51810 Midland, TX 79710-1810

4. Well Location

Unit Letter N : 860 Feet From The SOUTH Line and 2057 Feet From The WEST Line

Section 19 Township 19S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3493' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: WELL STATUS ☒

12. 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.

THIS IS IN REPLY TO YOUR ATTACHED LETTER DATED DECEMBER 18, 1997. WE ARE CURRENTLY WORKING ON A PROPOSED WORKOVER TO ADD MORROW PAY AND RETURN THIS WELL BACK TO PRODUCTION. THIS WORK WILL BE DONE WITHIN THE NEXT THREE MONTHS.

A SUNDRY WILL BE SUBMITTED FOR THIS PROPOSED WORK AS SOON AS WE PROPERLY NOTIFY OUR WORKING INTEREST OWNERS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Maria L. Perez

TITLE

REGULATORY REP.

TYPE OR PRINT NAME

MARIA L. PEREZ

(This space for State Use)

APPROVED BY

Jim W. Guerrero

TITLE

District Supervisor

DATE

1/21/98

CONDITIONS OF APPROVAL, IF ANY:

