

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. 30-015-25065
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. LC069107 / NM061P3586C330
7. Lease Name or Unit Agreement Name East Millman '13' Federal Com
8. Well No. 1
9. Pool name or Wildcat Turkey Track - Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3375' GR

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Burlington Resources Oil and Gas Co.
3. Address of Operator P.O. Box 51810 Midland, TX 79710-1810	4. Well Location Unit Letter B : 1069 Feet From The North Line and 2439' Feet From The East Line Section 13 Township 19S Range 28E NMPM Eddy County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

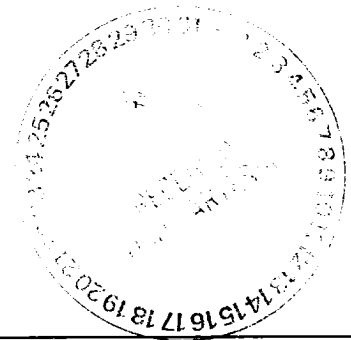
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Corrected C-122** ☒

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.

Attached is a corrected C-122 "Multipoint and One Point Back Pressure Test For Gas Well." Coefficient numbers were corrected by tester.



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

SIGNATURE *Deborah Magness* TITLE Regulatory Assistant DATE 6-15-98

TYPE OR PRINT NAME Deborah Magness TELEPHONE NO. 915/688-9012

(This space for State Use)

APPROVED BY *Rebecca* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: