

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clst  
ip

OIL CONSERVATION DIVISION

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

2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO. 30-015-22625
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 <u>N</u> : <u>860</u> Feet From The <u>SOUTH</u> Line and <u>2057</u> Feet From The <u>WEST</u> Line Section <u>19</u> Township <u>19S</u> Range <u>28E</u> NMPM <u>EDDY</u> 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: Repair csg leak. drill CIBP. add/acdz perfs ☒

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.

Burlington Resources plans to repair a casing leak, drill out the CIBP at 10,700', add upper Morrow perfs, acidize, and return well to production as follows:

See attached procedure.

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 5-22-98  
TYPE OR PRINT NAME Deborah Magness TELEPHONE NO. 915/688-9012

(This space for State Use)

APPROVED BY Jim W. Gurn (B61) TITLE District Supervisor DATE 6-8-98  
CONDITIONS OF APPROVAL, IF ANY: