				c15
		32A2526222	8	
Submit 3 Copies to Appropriate District Office	State of New Mer Energy, Minerals and Natural R		15.06 CH	ل Form C-103 Revised 1-1-89
DISTUICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO	THE SECTION AND A SECTION AND	WELL API NO.	
STRICT II	Santa Fe, NM		00 010 00	485
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease J V04509	
SUNDRY NOTICES AND REPORTS ON WELLS				
DIFFERENT RESE	IOPOSALS TO DRILL OR TO DEEPEN ( ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A MIT"	7. Lease Name or Unit Ag	greement Name
1. Type of Well: OIL GAS WELL WELL K	OTHER HORIZONTAL WELL			
2. Name of Operator			8. Well No.	······································
BURLINGTON RESOURCES OIL &	GAS COMPANY		1	
3. Address of Operator P.O. Box 51810 Midland, TX	79710-1810		9. Pool name or Wildcat PHANTOM DRAW WOLF(	AMD CAS
4. Well Location	· · · · · · · · · · · · · · · · · · ·	······································	TTANTON DIAM NOLI	AMP CAS
Unit Letter <u>E</u> : <u>180</u>	0 Feet From The NORTH	Line and 81	0 Feet From The	WEST Line
Section 16	Township 26S Ra	nge31E	NMPM EDD	Y County
	10. Elevation (Show whethe	er DF, RKB, RT, GR, etc <u>3212'</u> GR	)	
11. Check Au	ppropriate Box to Indicate		Report or Other	 Nata
	NTENTION TO:		SEQUENT REP	
		REMEDIAL WORK		
		COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER: Approximat	te Potential Test D	ateX
<ol> <li>Describe Proposed or Completed Op work) SEE RULE 1103.</li> </ol>	erations (Clearly state all pertinent deta	ails, and give pertinent dat	es, including estimated date	of starting any proposed
New Well Completion				
potential test will be o	cing on 3-12-99. We will be done the first week of April well has been potential test	, 1999. Form C-12	ough the end of Mar 22 and pressure cur	ch. 1999. A ve and C-104 will
	true and complete to the best of my knowledge	and belief.		
1 danses	PRA			

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SIGNATURE NUALLA L. FULL	TITLE REGULATORY TECH.	DATE <u>3-24-99</u>
TYPE OR PRINT NAME MARIA L. PEREZ		TELEPHONE NO.
(This space for State Use)		
SUPERVISOR. DISTRIC		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		