

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised May 08, 2003

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-104) FOR SUCH PROPOSALS.)		WELL API NO. 30-045-30890
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Burlington Resources Oil & Gas Company LP		6. State Oil & Gas Lease No. E-3521-4
3. Address of Operator PO Box 4289, Farmington, NM 87499		7. Lease Name or Unit Agreement Name Mims 36 State Com
4. Well Location Unit Letter <u>K</u> : <u>1365</u> feet from the <u>South</u> line and <u>1900</u> feet from the <u>West</u> line Section 36 Township 30N Range 11W NMPM San Juan County		8. Well Number 1M
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5857' GR		9. OGRID Number 14538
		10. Pool name or Wildcat Otero Chacra/Blanco MV/Basin DK

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

12/1/04 MIRU. ND WH. NU BOP.

12/2/04 PT BOP & csg to 600 psi/30 mins, OK. Drilling ahead.

12/5/04 Drill to intermediate TD @ 4103'. Circ hole clean. TOO. TIH w/92 jts 7" 20# J-55 ST&C csg & 3 jts 7" 23# N80 LT&C csg, set @ 4098'. Cmdt w/11 sxs Premium Lite FM Scavenger (33 cu. ft.) & 429 sxs Premium Lite FM w/3% calcium chloride, 0.25 pps celloflake, 5 pps LCM-1, 0.4% fluid loss, 0.4% SMS (914 cu. ft.). Tail w/185 sxs Type III cmt w/1% calcium chloride, 0.25 pps celloflake, 0.2% fluid loss (255 cu. ft.). Circ 85 bbls cmt to surface. WOC.

12/6/04 PT BOP & csg to 1500 psi/30 mins, OK. Drilling ahead.

12/8/04 Drill to TD @ 6792'. Circ hole clean. TOO.

12/9/04 TIH w/159 jts 4 1/2" 10.5# J-55 ST&C csg, set @ 6789'. Cmdt w/9 sxs Premium Lite FM Scavenger cmt w/ 0.25 pps celloflake, 0.3% CD-32, 6.25 pps LCM-1, 1% fluid loss (28 cu. ft.). Tail w/282 sxs Premium Lite FM w/0.25 pps celloflake, 0.3% CD-32, 6.25 pps LCM-1, 1% fluid loss (558 cu. ft.). ND BOP. NU WH. RD. Rig released.

A CBL will be ran at a later date to determine TOC.

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

SIGNATURE Tammy Jones TITLE Regulatory Specialist DATE 12/30/2004

Type or print name Tammy Jones

Telephone No. (505) 326-9700

(This space for State use)

APPROVED BY Chad RL TITLE Assistant Supervisor DATE JAN - 6 2005

Conditions of approval, if any: