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|--|--|---------------------|--|-----------------------|
| Submit 3 Copies To Appropriate District | State of New Me | xico | | Form C-103 |
| Office District I | Energy, Minerals and Natural Resources | | | March 4, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | WELL API NO. 30-039-29272 | |
| 1301 W. Grand Ave., Artesia, NM 88210 | | | 5. Indicate Type o | f Lease |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE [| FEE 🛛 |
| District IV | Santa Fe, NM 8/303 | | 6. State Oil & Gas | Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or | Unit Agreement Name |
| (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. | | | 0.7. | |
| PROPOSALS.) | .s.) | | San Juan 29-7 Uni 8. Well Number | <u>t</u> |
| . Type of Well: Oil Well ☐ Gas Well X☐ Other | | #545S | | |
| The state of the s | | | O OCRID November | |
| 2. Name of Operator Burlington Resources Oil & Gas O | Company LP | | 9. OGRID Numbe 14538 | er |
| 3. Address of Operator | Va land | 19 My 5/ | 10. Pool name or | Wildcat |
| P.O. Box 4289, Farmington, NM 8 | 7499-4289 | | Basin Fruitland Co | oal - 71629 |
| 4. Well Location | *E7.80 | 337 | | |
| I Inia I assaul I | 1690's fact from the Salt | 9290 | 0552 | Frank 11: |
| Unit Letter I: | 1680' feet from the South | line and 8 | 355' feet from the _ | <u>East</u> line |
| Section 12 | Township 29N Ra | ange 7W NMP | M Rio Arriba | County |
| | 11. Elevation (Show whether DR, | | | 5 |
| A STATE OF THE STA | 5957' GL | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INT | TENTION TO: | SUB | SEQUENT REF | PORT OF: |
| | PLUG AND ABANDON | REMEDIAL WOR | | ALTERING CASING |
| TEMPODADII V ADAMDOM | CHANGE DI ANG | COMMENCE DO | LLING ODNO 🗖 | DILIO AND |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE | CASING TEST AN | | , is a softweet. |
| | COMPLETION | CEMENT JOB | | |
| OTHER: | | OTHER: Spud | Report | |
| 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. | | | | |
| 3/11/05 MIRLL Mote #1 Soud | 12-1//" hole @ 0900 hrs 3/1: | 1/05 Drilled abo | and to 138' Con | ditioned halo DIU |
| 3/11/05 MIRU Mote #1. Spud 12-1/4" hole @ 0900 hrs 3/11/05. Drilled ahead to 138'. Conditioned hole. RIH w/4 jts of 9-5/8", H-40 32.3# ST&C casing and set @ 135'. Pumped 4 bbls H2O ahead of 50 sx (81 cf- 14.5 bbl | | | | |
| slurry) Type I-2 cement w/20% flyash @ 14.5 ppg. Dropped plug and displaced w/6.6 bbls H2O. Circulated 1 bbl | | | | |
| cement to surface. WOC. RD & installed WH. MO. 3/11/05. | | | | |
| | | | | |
| The casing PT will be conducted by the drilling rig before drilling continues. | | | | |
| | | | | |
| | | | | |
| | | | ************************************** | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will/be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan. | | | | |
| $\mathcal{A}_{\mathcal{A}}}}}}}}}}$ | | | | |
| SIGNATURE Talky | TITLE Sr | . Regulatory Specia | list DATE | 2/7/05 |
| Towns are interest of the City | F 1.11 | . 01 : | m 1 1 x | 505 204 0510 |
| Type or print name Patsy Clu | gston E-mail address: pcl | ugston@br-inc.com | Telephone No. | 202-326-9218 |
| (This space for State use) | | | | |
| (Ims space for State use) | THE PROPERTY | Oll 9 CAC INCHES | Trans minor arm | MAR 1 5 2005 |
| APPPROVED BY hat 7 | TITLE | OIL & GAS INSPEC | IUR, UIST. (RE | DATE 2 ZUUS |
| Conditions of approval, if any: | | | | |