

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

Form C-103
June 16, 2008

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

WELL API NO. 30-045-23776
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name FEE
8. Well Number 5
9. OGRID Number 14538
10. Pool name or Wildcat BLANCO MESAVERDE

4. Well Location Unit Letter <u>A</u> : <u>800'</u> feet from the <u>FNL</u> line and <u>990'</u> feet from the <u>FEL</u> line Section <u>05</u> Township <u>030N</u> Range <u>011W</u> NMPM <u>SAN JUAN</u> County <u>NM</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5755' 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 ☐ Gas Well ☒ Other

2. Name of Operator
BURLINGTON RESOURCES OIL GAS COMPANY, LP

3. Address of Operator
P.O. BOX 4289, FARMINGTON NM 87499

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: RE-DELIVERY 07/14/11 <input checked="" 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.

This well was shut in more than 90 days due to new drill Rhoda Abrams 2N. Returned to production on 07/14/11 produced an initial MCF of 50.

TP: 320 CP: 320 Initial MCF: 50

Meter No.: 93101

Gas Co.: EFS

Project Type: REDELIVERY



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

SIGNATURE Tamra Sessions TITLE Staff Regulatory Tech DATE 09/01/11

Type or print name Tamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY: Accepted for Record TITLE _____ DATE _____
Conditions of Approval (if any): A