Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		Jun 19, 2008
1625 N French Dr , Hobbs, NM 88240			WELL API NO.
District II 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-045-35097
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM 87505	•		E-9229-4
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 PROPOSALS)			State of New Mexico
1. Type of Well: Oil Well Gas Well Other			8. Well Number 3S
2. Name of Operator			9. OGRID Number
Burlington Resources Oil Gas Company LP			14538
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			10. Pool name or Wildcat Basin FC/West Kutz PC
4. Well Location	,		1
Unit Letter J: 1847 feet from the South line and 2613 feet from the East line			
Section 16	Township 29N Ra	ange 12W	NMPM San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
5709° GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	NTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	LLING OPNS. P AND A
OTHER APD EXT		OTHER:	
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.			
			RCVD JAN 6'12
Burlington Resources wishes to extend the APD approval for the subject well.			OIL CONS. DIV. DIST. 3
Ext Extines 2-5-2013			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Cullen Kellynood TITLE Staff Regulatory Technician DATE 1/5/12			
Type or print name Arleen Kellywood E-mail address: arleen.r.kellywood@conocophillips.com PHONE: 505-326-9517 For State Use Only			
APPROVED BY: Conditions of Approval (if any):	TITLE S	SUPERVISOR DIS	TRICT#9 DATE 1-13-11