| Submit 3 Copies To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|---|----------------------------|-------------------------------|---------------------------------------|---|--|
| District I | Energy, Minerals | and Natural Resources | | June 16, 2008 | |
| 1625 N French Dr., Hobbs, NM 88240 | | | WELL API NO. | | |
| District II | OIL CONSERV | ATION DIVISION | 30-045-35081 | | |
| 1301 W Grand Ave., Artesia, NM 88210 District III | 1220 South St. Francis Dr. | | | ase | |
| 1000 Pio Prozos Pd. Aztec. NM 97410 | | | STATE FEE | | |
| District IV Santa Fe, NM 8/303 | | | 6. State Oil & Gas Lease No. | | |
| 1220 S. St Francis Dr., Santa Fe, NM 87505 | | | FEE | | |
| SUNDRY NOTION | 7. Lease Name or Unit | Agreement Name | | | |
| (DO NOT USE THIS FORM FOR PROPOS | SLOANE COM | . rigicoment ivanic | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | 8. Well Number 1F | | |
| PROPOSALS) | | | o. Well Nulliber Tr | | |
| 1. Type of Well: Oil Well Gas Well Other | | | O OCRID N 1 1 | 1520 | |
| 2. Name of Operator | 9. OGRID Number 14 | 1538 | | | |
| BURLINGTON RESOURCES 3. Address of Operator | 10. Pool name or Wild | loot | | | |
| P.O. BOX 4289, FARMINGTON NM 87499 | | | | BLANCO MESAVERDE / BASIN DAKOTA | |
| | | | | | |
| 4. Well Location | | | | | |
| Unit Letter M_:_7' | feet from theFSL | _ line and1288'fe | eet from theFWL | line | |
| Section 34 Township 031N Range 011W NMPM SAN JUAN County NM | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| The second second | 5639' GR | | | | |
| | | | | | |
| 12. Check A | ppropriate Box to In- | dicate Nature of Notice | e. Report or Other Data | a | |
| | PPP | | , report of our 2 with | ~ | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK | | | | ERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | | ND A 🗍 | |
| PULL OR ALTER CASING | MULTIPLE COMPL | ☐ CASING/CEME | | | |
| _ | | _ | _ | | |
| OTHER: | | ☐ OTHER: | FIRST-DELIVERY | 12/20/11 | |
| 13. Describe proposed or compl | | | | | |
| of starting any proposed wo | rk). SEE RULE 1103. F | or Multiple Completions: A | Attach wellbore diagram of | f proposed completion | |
| or recompletion. | | | | | |
| | | | | | |
| This well is a new drill and was first-delivered on $\underline{12/20/11}$ and produced natural gas and entrained hydrocarbons of $\underline{22,350}$ MCF. | | | | | |
| THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 12/20/11, MV AND DK FLOWING TOGETHER ON 12/21/11. FINISHED THE GAS RECOVERY COMPLETION 01/10/12. | | | | | |
| AND DK FLOWING TOGETHER (| ON 12/21/11. FINISHEL | THE GAS RECOVERY C | OMPLETION 01/10/12. | | |
| TD. N/A CD. N/A I | -:4:al MCE. 22 250 | | | | |
| TP: N/A CP: N/A I | nitial MCF: 22,350 | | orun : | TAN 12'12 | |
| Meter No.: 88905 | | | | | |
| Meter No.: 60903 | | | ntl co | MS.DIV. | |
| Gas Co.: EFS | | | | IST. 3 | |
| ous con Ers | • | | £3. | 131.0 | |
| | | | | | |
| I hereby certify that the information a | have is two and samplet | a to the heat of my lenevyles | les and halief | | |
| Thereby certify that the information a | above is true and complet | e to the dest of my knowled | ige and benet. | | |
| | | | | | |
| SIGNATURE and | 2 TITI | LEStaff Regulatory Tec | ch DATE | 01/11/12 | |
| 5161.111.61tb | | starr regulatory 100 | | | |
| Type or print name Tamra Session | s E-mail addres | s: tamra.d.sessions@Cono | coPhillips.com PHONE: | 505-326-9834 | |
| For State Use Only | | | · · · · · · · · · · · · · · · · · · · | | |
| | OD DECODO | | | | |
| APPROVED BY: ACCEPTED F | TITL | E | DATE_ | - LANGE FOR STATE OF THE STATE | |
| Conditions of Approval (if any): | | - | · — — | | |
| | Ä | 1 | | | |
| | • 1 | Υ | | | |