

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. 30-045-34557 |
| 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 SCOTT |
| 8. Well Number 103S |
| 9. OGRID Number 14538 |
| 10. Pool name or Wildcat BASIN FRUITLAND COAL / FLORA VISTA FRUITLAND SAND |

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| 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | |
| 2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP | |
| 3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499 | |
| 4. Well Location Unit Letter <u>J</u> : <u>1595'</u> feet from the <u>FSL</u> line and <u>1915'</u> feet from the <u>FEL</u> line Section <u>12</u> Township <u>030N</u> Range <u>012W</u> NMPM <u>SAN JUAN</u> County <u>NM</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5683' GR | |

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 01/12/12 <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 tubing repair. Returned to production on 01/12/12 produced an initial MCF of 325.

TP: RODS CP: 103 Initial MCF: 325

RCVD MAR 14 '12
OIL CONS. DIV.

Meter No.: 88506

DIST. 3

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 03/13/12

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

For State Use Only

ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE MAR 19 2012

Conditions of Approval (if any):

A