Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.	
<u>District II</u> 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-039-29949	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lo	ease FEE [
santa Fe, NM 8/505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-291-49	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name JOHNSTON A COM G	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS )			8. Well Number 18	N
1. Type of Well: Oil Well ☐ Gas Well ☒ Other  2. Name of Operator			9. OGRID Number 1	4538
BURLINGTON RESOURCES OIL GAS COMPANY, LP  3. Address of Operator			10. Pool name or Wil	doot
P.O. BOX 4289, FARMINGTON NM 87499			BASIN DAKOTA / BL	
4. Well Location				
Unit Letter D: 1005' feet from the FNL line and 660' feet from the FWL line  Section 36 Township 026N Range 006W NMPM RIO ARRIBA County NM				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	6635' GR			<u> </u>
12. Check A	ppropriate Box to Indica	ate Nature of Notice,	Report or Other Dat	a
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK			<del></del>	TERING CASING
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS  MULTIPLE COMPL	r		ND A
	_		<del></del>	10014.257
OTHER:  13. Describe proposed or complete	eted operations. (Clearly state	] OTHER: te all pertinent details, an		/09/12⊠ cluding estimated date
of starting any proposed wor or recompletion.	k). SEE RULE 1103. For M	Multiple Completions: A	ttach wellbore diagram o	f proposed completion
•			۲	
This well was shut in more than 90 days due to rig work to reapair tubing. Returned to production on $\underline{04/09/12}$ produced an initial MCF of $543$ .				
TP: 448 CP: 453	Initial MCF: 543		eat.	D MAY 3'12
Meter No.: 88177				cons. DIV.
Gas Co.: EFS				
Project Type: REDELIVERY			,	DIST. 3
I hereby certify that the information a	bove is true and complete to	the best of my knowledg	ge and belief.	
0				
SIGNATURE Jan Sen	TITLE_	Staff Regulatory Tecl	hDATE	05/02/12
Type or print nameTamra Sessions	E-mail address: ta	amra.d.sessions@Conoco	oPhillips.com PHONE:	505-326-9834
APPROVED BY: ACCEPTED FO	OR RECORD		DATE_	MAY 0 7 2012
APPROVED BY: Conditions of Approval (if any):	HILE		DATE_	79.00 12 2 Emil