Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I	Energy, Minerals and Natural Resources			March 4, 2004 WELL API NO.	
District II				30-039-29234	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 Canall St. Farmerica Da			5. Indicate Type	of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	☐ FEE ⊠
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & G	as Lease No.
87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name of	r 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				Con Ivon 27 A I Ivit	
PROPOSALS.)				San Juan 27-4 Unit 8. Well Number	
1. Type of Well:				#50N	
Oil Well Gas Well X	J Other	_/\bar{\pi}\bar{\chi}			
2. Name of Operator	C ID	fich of	200	9. OGRID Numb	per
Burlington Resources Oil & Gas © 3. Address of Operator	Company LP		95	14538 10. Pool name or	u Wildoot
P.O. Box 4289, Farmington, NM S	874 99_4289	(c) (le/ Basin Fruitland Coal –
1.0. Dox 4207, Parimington, Nor	3/4//-420/	V-9-	To The All	71629/71599	ici Basiii i iuidaid Coai –
4. Well Location		Year.		· · · · · · · · · · · · · · · · · · ·	
(C) 1297 97332					
Unit Letter <u>E</u> : 1650' feet from the <u>North</u> fine and <u>690'</u> feet from the <u>West</u> line					
Section 19	Township 27N	ı D	onge AW NIMDI	M Dio Arribo	County
Section 19 Township 27N Range 4W NMPM Rio Arriba County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
6622' GL					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗌	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	ID 🖾	ABANDONMENT
TOLE SICKLE CONSTITUTE I	COMPLETION		CEMENT JOB		
OTHER:Revised C-102			OTHER:		
13 Describe proposed or compl	leted operations. (Clear	rly state all 1	l pertinent details, and	give pertinent dat	es including estimated date
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.					
5/26/05 MIRU Bearcat #5 NUBOP. 5/26	105 DT @(00# 20	1- ВПТ/0	3/22 Lik 0-4 J 4	2155' D/O amt & al	and to 2720? Circulate halo
5/30/05 RIHw/86 jts of 7" 20# J55 ST&0					
cmt w/9sxs(27cu-5bbls)scavenger cmt w	/3% CaCl2, .25pps Cell-o-	-Flake, 5pps	LCM1, .4% FL52, .4%	SMS, 8%GEL. Cen	nented lead w/17sxs(34cu-6bbls)
Prem lite w/3% CaCl2, .25pps Cell-o-Fla					
2% FL52. Drop plug and displace w/149bbls mud. Bump plug @ 1900hrs 5/30/05. Circulated 15bbls of cmt to reserve pit. WOC. Second stage of 7", pumpe preflush of10bbls FW, 10bbls mud flush, 10bbls FW. Pumped lead cmt w/ 9sxs(27cu-5bbls)scavenger same additives as first stage. Tail in w/ 360sxs(767cu-					
137bbls)Prem lite same additives as first stage. Drop plug and displace w/ 126bbls FW. Bump plug and close stage collar. Plug down @0017 hrs. Circulate					
spacers back to surface nut no cmt. NDB					
5/31/05 PT on 7" csg 1500#/30min. ok. I	RTH 6 1/2" hit tagged @21	11' D/∩ com	nent and then formation	n to 7920' (TT)\ TT)	reached 6/2/05 Circulate hale
6/3/05 RIH W/4 1/2" 44 jts 11.6# J-55 cas	sing set @ 7896'. PBTD @	2) 7896'.RU t	o cement pump preflus	sh w/ 10bbls H2O, 1	Obbls chemical wash, 10bbls H2O.
Pumped 11sxs(34cu-6bbls) scavenger pr	em lite H w/.3% CD32, 6.	.25pps LCM1	, 1% FL52. Tail w/ 28	4sxs (562cu-100bbl	s) prem lite H.S. w/ .25pps Cell-o-
Flake, .3% CD32, 6.25pps LCM1, and 19	%FL52. Displace w/FW. I	Bump plug @	014:45 6/3/05. RD and	l released 6/3/05.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-					
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.					
SIGNATURE Amanda Sanda			egulatory Assistant		6/10/05
Type or print name Amanda Sando	val E-mail address:	. asandova	iwoi-iic.com le	lephone No. 505-	・3 ∠ひ・ソ / UU
(This space for State use),					
(This space for State use)		6	SIIDEDWICAD DIG-	TO: Om	200 1 9 500E
APPPROVED BY	$\widehat{}$	TITLE	SUPERVISOR DIST	RICT#3	COUD TO COUD
Conditions of approval, if any:					