| Submit 3 Copies To Appropriate Distric | st State of 1 | State of New Mexico | | | Form C-103 | | | |
|---|--|--|------------------|--------------------|------------------------------|--|--|--|
| Office | | Energy, Minerals and Natural Resources | | | March 4, 2004 | | | |
| District I 1625 N. French Dr., Hobbs, NM 88240 | | anu matur | lai Resources | WELL API NO. | 101010114,2004 | | | |
| District II | | | | 30-039-29458 | | | | |
| 1301 W. Grand Ave., Artesia, NM 882 | 10 OIL CONSERV | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | | | |
| District III | 1220 South | 1220 South St. Francis Dr. | | | STATE FEE | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87416 |) Santa Fe | Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. | | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | Sunta i e | Sunta 10, 100 07505 | | | as Lease No. | | | |
| 87505 | | | | | | | | |
| SUNDRY N | 7. Lease Name or Unit Agreement Name | | | | | | | |
| (DO NOT USE THIS FORM FOR PRO | | 5 | | | | | | |
| DIFFERENT RESERVOIR. USE "AP | San Juan 28-6 Unit | | | | | | | |
| PROPOSALS.) | 8. Well Number | | | | | | | |
| 1. Type of Well: Oil Well Gas Well X Other | | | | #210P | | | | |
| | | | | | | | | |
| 2. Name of Operator | K. Cu | , a | 9. OGRID Number | | | | | |
| Burlington Resources Oil & C | 14538 | | | | | | | |
| 3. Address of Operator | 10. Pool name or Wildcat | | | | | | | |
| P.O. Box 4289, Farmington, N | Blanco Mesaverde/ Basin Fruitland Coal - | | | | | | | |
| | | | 71629/71599 | | | | | |
| 4. Well Location | | the second second second | | | | | | |
| | | | | | | | | |
| Unit Letter <u>K</u> : | <u>1845</u> feet from the | South | line and | 2015' feet from th | ne <u>West</u> line | | | |
| | | | | | | | | |
| Section 31 | Township 28N | | | M Rio Arriba | County | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | | |
| 6477' GL | | | | | | | | |
| 12. Check Appropriate Bo | x to Indicate Nature of N | lotice, Re | eport or Other I | Data | | | | |
| | | , | • | | | | | |
| NOTICE OF | INTENTION TO: | | SUB | SEQUENT RE | PORT OF: | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | к 🗆 | ALTERING CASING | | | |
| | | | | | | | | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRI | ILLING OPNS. | PLUG AND | | | |
| | | _ | | | ABANDONMENT | | | |
| PULL OR ALTER CASING | | | CASING TEST A | | | | | |
| | COMPLETION | | CEMENT JOB | | | | | |
| | | | | | | | | |
| | | | OTHER: SPUD | \boxtimes | | | | |
| 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. | | | | | | | | |

7/28/05 MIRU Mote #1. Spud 12-1/4" hole @ 0800 hrs 7/28/05. Drilled ahead to 337'. Circulate hole. RIH w/11 jts of 9.625", H-40 32.3# ST&C casing and set @ 333'. Pumped preflush of 4bbls H2O. Pumped 225sxs(306cu-65bbs)Type 3 cement w/3% CaCl2. Displace plug w/22bbls H2O. Circulated 22bbls of cement to reserve pit. RD MO 7/28/05. PT will be conducted by drilling and reported on next report.

| I hereby certify that the informatic | on above is true and compl | ete to the best of my knowle | edge and belief. 1 | further certify that any i | nit or below- | | | | |
|---|----------------------------|--------------------------------|--------------------|----------------------------|---------------|--|--|--|--|
| 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 🗌. | | | | | | | | | |
| Λ ι . | \sim \sim \parallel | | | | | | | | |
| SIGNATURE Amanda | \sim \sim \sim | | | 0/1/05 | | | | | |
| SIGNATURE ATTNOMOL | Jandoras | TITLE <u>Regulatory Assist</u> | ant II DATE | 8/1/05 | · · · | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Type or print name Amanda San | doval E-mail address: | asandoval@br-inc.com | Telephone No. | 505-326-9700 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (This space for State use) | | | | | | | | | |
| (This space for State use) | <u> </u> | | | | | | | | |
| | | | | | 2005 | | | | |
| | | CHDEDVISOR DIS | STRICT # 3 | AUU - 2 | 2 000 | | | | |
| APPPROVED BY Charles 7 | erri | TITLE SUPERVISOR DIS | 5111101111 | AUG - 2 | | | | | |
| Conditions of approval, if any: | | | | | | | | | |
| conunions of approval, if any. | | | | | | | | | |
| 4. | | | | | | | | | |
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