| Submit 3 Copies To Appropriate District  | State of Ne                     | w Mexico                               |                        | Form C-103   |  |
|--|---------------------------------|--|------------------------|--|--|
| Office District I  | Energy, Minerals and            | Energy, Minerals and Natural Resources |                        | March 4, 2004  |  |
| 1625 N. French Dr., Hobbs, NM 88240  |                                 |  | WELL API NO.           | WELL API NO.   |  |
| District II ON CONCERNATION DIVISION   |                                 | 30-045-32870 /                         |                        |  |  |
| 1301 W. Grand Ave., Artesia, NM 8821   |                                 |  | 5. Indicate Type       | of Lease   |  |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410   |                                 |  | STATE                  | ☐ FEE ☒  |  |
| District IV Santa Fe, NM 87505   |                                 | 6. State Oil & Ga                      | as Lease No.           |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |                                 |  |                        | j  |  |
| 87505  | TIGES AND DEPONTS ON I          | TELL C                                 | N                      | TT :: A  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PROPOSALS TO A   |                                 |  | 7. Lease Name o        | r Unit Agreement Name  |  |
| DIFFERENT RESERVOIR. USE "APP  | LICATION FOR PERMIT" (FORMS     | Side FOR SUCHES                        |                        | Deser  |  |
| PROPOSALS.)  |                                 |  | 8. Well Number         | Duff   |  |
| 1. Type of Well:   |                                 | AllC 2008                              |                        | #5S  |  |
| Oil Well Gas Well  | X∐ Other                        | AUG 2005                               |                        | #33  |  |
| 2. Name of Operator  | ₹ A                             | RECEIVED U                             | 9. OGRID Numb          | per  |  |
| Burlington Resources Oil & G   |                                 | L CONS. DIV.                           | 14538                  | i  |  |
| 3. Address of Operator   | (2)                             | DIST. 3 0                              | 10. Pool name or       | r Wildcat  |  |
| P.O. Box 4289, Farmington, N   | M 87499-4289                    | , 6 ×                                  | Basin Fruitland C      | Coal   |  |
| 4. Well Location   |                                 |  |                        |  |  |
| V. Won Ecodelon  |                                 |  |                        |  |  |
| Unit Letter C:   | 845 feet from the               | North line and                         | 1775 feet from the     | West line  |  |
| <u> </u>   |                                 |  |                        |  |  |
| Section 5  | Township 29N                    | Range 11W NMI                          | PM San Juan            | County   |  |
| Control of the particle of the sale of   | 11. Elevation (Show wheth       |  |                        |  |  |
|  |                                 | ,,,,                                   |                        |  |  |
| 12 Check Appropriate Box   | to Indicate Nature of Not       | tice Report or Other                   | Data                   | AGENT ATTO A SELECTION AND A SELECTION OF THE SELECTION ASSESSMENT OF THE SELECTION AS |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                 |  |                        |  |  |
| NOTICE OF  | INTENTION TO:                   | SUE                                    | SEQUENT RE             | PORT OF:   |  |
| PERFORM REMEDIAL WORK  |                                 | I                                      |                        | ALTERING CASING □  |  |
|  | _                               |  | _                      | _  |  |
| TEMPORARILY ABANDON [  | CHANGE PLANS [                  | COMMENCE DF                            | RILLING OPNS.          | PLUG AND   |  |
| _  |                                 | _                                      |                        | ABANDONMENT  |  |
| PULL OR ALTER CASING   |                                 | CASING TEST A                          | AND                    |  |  |
|  | COMPLETION                      | CEMENT JOB                             |                        |  |  |
| OTHER:   | ı                               | OTHER: Spu                             | ıd Report              |  |  |
|  |                                 |  | <u> </u>               |  |  |
| 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. |                                 |  |                        |  |  |
| or recompletion.   |                                 |  |                        |  |  |
| 8/23/05 MIRU Mote #1. Spu  | ıd 8 3/" hole @ 0900 hrs 8      | 1/23/05 Drill ahead to                 | 137' Circulate I       | nole 8/23/05 Ran 4its  |  |
| •  |                                 |  |                        |  |  |
| 7" 20# J-55 STC CSG and set @ 134'. Pumped preflush of 2bbls H2O. Pumped lead w/34sxs(54cu-10bbls)Type 1-2 Portland cement w/20% flyash. Drop plug and displacew/4bbls H2O. Circulated 2bbls of cement to surface.   |                                 |  |                        |  |  |
|  |                                 |  |                        |  |  |
| WOC. Install wellhead. Pres  | ssure test will be conducte     | ed by the drilling rig al              | na wiii be snown       | on next report.  |  |
|  |                                 |  |                        |  |  |
|  |                                 |  |                        |  |  |
|  |                                 |  |                        |  |  |
| I hereby certify that the informati  | on above is true and complete t | o the best of my knowled               | ge and helief I fourth | nor cowify that any nit or halow   |  |
| grade tank has been/will be constructed  |                                 |  |                        |  |  |
|  |                                 |  | <b>_</b> 01            | anne des approved para [1].  |  |
| SIGNATURE Amanda   | androval TIT                    | LE Regulatory Complia                  | nce Assistant II       | DATE 8/24/05   |  |
|  |                                 |  |                        |  |  |
|  |                                 |  |                        |  |  |
| Type or print name Amar  | nda Sandoval E-mail add         | dress: asandoval@br-inc                | .com Telephone         | No. 505-326-9891   |  |
|  |                                 |  |                        |  |  |
| (This space for State use)   | $\bigcirc$                      |  |                        |  |  |
| 1 1  |                                 |  |                        | AUG 2 9 2003   |  |
| APPPROVED BY   | Ken TIT                         | LESUPERVISOR DISTI                     | RICT & S               | DATE   |  |
| Conditions of approval, if any:  |                                 |  | 11-27 11 12/           | DAIL   |  |
|  |                                 |  |                        |  |  |