*AMENDED

OIL CONS. DIV DIST. 3

JUN 07 2013

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Amended

Form C-103
Jun 19, 2008

WELL API NO. *30-045-35233

5. Indicate Type of Lease
STATE ☐   FEE ☐

6. State Oil & Gas Lease No.
Federal NM-029146

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 ☐   Gas Well ☒   Other

2. Name of Operator
Burlington Resources Oil Gas Company LP

3. Address of Operator
P.O. Box 4289, Farmington, NM 87499-4289

7. Lease Name or Unit Agreement Name

8. Well Number **SAN JUAN 24P**

9. OGRID Number   14538

10. Pool name or Wildcat
BLANCO MV / BASIN DK / BASIN MC

4. Well Location
Unit Letter F : 2297 feet from the **North** line and **1644** feet from the **West** line
Section 33 Township 29N Range 9W NMPM San Juan County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐	

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	P AND A ☐
CASING/CEMENT JOB ☐	

OTHER: ☒ CANCEL TAG C104

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.

We couldn't use the GRU when we cleaned out the well because the pipeline wasn't completed before the rig move on. Approx. 12,750 mcf was flared during the cleanout process. This well is currently shut-in waiting for the ND C104 to be approved.

Spud Date: [ ]

Rig Released Date: [ ]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Patsy Clugston_ TITLE Staff Regulatory Technician DATE 5/21/13

Type or print name Patsy Clugston E-mail address: Patsy.L.Clugston@conocophillips.com PHONE: 505-326-9518

For State Use Only

APPROVED BY _____ TITLE _Line Manager_ DATE _6-10-13_
Conditions of Approval (if any):