

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Jun 19, 2008

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.)		WELL API NO. 30-045-35044
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Burlington Resources Oil & Gas Company LP		6. State Oil & Gas Lease No. FEE
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		7. Lease Name or Unit Agreement Name Allison Unit Com
4. Well Location Unit Letter <u>D</u> : <u>330</u> feet from the <u>N</u> line and <u>165</u> feet from the <u>W</u> line Section <u>7</u> Township <u>32N</u> Range <u>6W</u> NMPM <u>San Juan</u> County		8. Well Number # <u>149H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6264' GR		9. OGRID Number 14538
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		10. Pool name or Wildcat Basin FC

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> RCVD OCT 16 '13 OIL CONS. DIV. DIST. 3 OTHER: <input checked="" type="checkbox"/> Pump Repair Sundry	
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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.

10/11/13 MIRU Basic 1510. ND WH. NU BOPE. PT BOPE. Test OK. TOOH w/ 2 3/8" tubing. CO to 3500'.
 10/14/13 TIH w/ 57 jts., 2 3/8", 4.70 #, J-55 Tubing, set @ 3,387' (New Setting Depth) w/ FN @ 3,347'. ND WH. NU BOPE.
 PT tubing to 500#/30 min. Test OK. RD RR @ 18:00 hrs on 10/14/13.

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

SIGNATURE [Signature] TITLE Staff Regulatory Technician DATE 10/15/13

Type or print name Kenny Davis -mail address: Kenny.r.davis@conocophillips.com PHONE: 505-599-4045

For State Use Only

APPROVED BY: [Signature] TITLE Deputy Oil & Gas Inspector,
District #3 DATE 10-16-13
 Conditions of Approval (if any): AV

[Handwritten mark]