Submit 3 Copies to Approtriate District  State of New Mexico  Office.  Energy Minerals and Natural	Form C-103
Office. Energy, Minerals and Natural  District I Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240	30039292720000
District II 1301 W. Grand Ave. Artesia NM 88210 OIL CONSERVATION DIVISION	ON I
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	3. mulcate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil Gas Lease No. FEE
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	SAN JUAN 29-7 UNIT
PROPOSALS.)  1. Type of Well:	
Oil Well Gas Well X Other	A SEP 20
2. Name of Operator	8.Well No.
Burlington Resources Oil Gas Company LP	545S @ ONS &O
3. Address of Operator PO Box 4289, Farmington, NM 87499	9. Pool name or Wildcat BASIN (FRUITLAND COAL)
4. Well Location	
1680 ' FSL & 855' FEL I	County Rio Arriba
S: 12 T 029N R: 007W NMPM	
10. Elevation (Show whether DR, RKB), 6363 GR	RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	PRK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DI	RILLING OPNS. PLUG AND
BILL OB VILLE CYCLE	ABANDONMENT
CASING TEST A COMPLETION CASING TEST A CEMENT JOB	AND
OTHER: OTHER: SUNDI	RY X
12. Decribe 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 Mutiple Completions: Attach wellbore diagram of proposed	
completion or recompletion.	
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This well delivered on 5/11/2005 and produced natural gas and entrained hydro	ocarbons.
1	<u> </u>
TP: 0 CP: 94 Initial MCF: 451	NO PM
Meter No. 62107	0, D
Gas Co: WFS	
	\$\frac{1}{2}  \frac{1}{2}  \frac{1}{2}
I hereby certify that the information above is true and complete to the best of m	y knowledge and belief.
SIGNATURE TITLE Volume Managemen	t Specialist DATE 9/20/2005
Type or print name Stella Montoya	Telephone No. (505) 599-4079
(This space for State use)	ACCEPTED FOR RECORD
APPROVED BY Charlet TITLE	
Conditions of approval, if any:	——————————————————————————————————————
	FARMINGTON DISTRICT OFFICE