

Submit 3 Copies to Appropriate District Office.

State of New Mexico
Energy, Minerals and Natural
Resources

Form C-103
Revised March 25, 1999

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

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

WELL API NO.

30045318300000

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil Gas Lease No.

B-10889-30

7. Lease Name or Unit Agreement Name:

TURNER B COM A

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

PO Box 4289, Farmington, NM 87499

8. Well No.

200S

9. Pool name or Wildcat

Basin (FRUITLAND COAL)

4. Well Location

935' FNL & 890' FEL A

S: 02 T 030N R: 009W NMPM

County San Juan

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

5904 GR

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND

ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SUNDRY ☒

12. 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.

This well delivered on 5/6/2005 and produced natural gas and entrained hydrocarbons.

TP: 0 CP: 129 Initial MCF: 195

Meter No. 122986D

Gas Co: DUKE

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

SIGNATURE

Type or print name Stella Montoya

TITLE Volume Management Specialist

DATE

9/19/2005

Telephone No. (505) 599-4079

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

ACCEPTED FOR RECORD

SEP 26 2005

FARMINGTON DISTRICT OFFICE
BY

NMOCD