Fo	orm	C-	-103
vised	hilv	18	2013

Submit 1 Copy To	State of New Mexico		Form C-103
Appropriate District	Energy, Minerals and Natural Resources		Revised July 18, 2013
Office			WELL API NO. 30-045-30404
<u>District 1</u> – (575) 393-6161	OIL CONSERVATION		5. Indicate Type of Lease
1625 N. French Dr., Hobbs, NM 88240	1220 South St. Francis Dr.		STATE FEE
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.
District III – (505) 334-6178			
1000 Rio Brazos Rd., Aztec, NM 87410			i i
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			B-11125-83
87505			
(DO NOT USE THIS FORM FOR PROPOSED THE PROPO		LUG BACK TO A	7. Lease Name or Unit Agreement Name WRIGHT COM BR
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number #1R	
2. Name of Operator	·		9. OGRID Number
Burlington Resources Oil & Gas, LP			14538
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 4289, Farmington, NA	1 87499- 505-326-9700		BALLARD PICTURED CLIFFS
4. Well Location			
Unit Letter <u>E</u> ;	1805 feet from the NO	RTH line and	feet from the <u>WEST</u> line
Section 2	Township 25N	Range 8W	NMPM San Juan County
	11. Elevation (Show whether D	R, RKB, RT, GR, etc. 523'	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	Appropriate Box to Indicate ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	ı	SEQUENT REPORT OF: K
CLOSED-LOOP SYSTEM OTHER:	П	OTHER:	П
13. Describe proposed or comp	ork). SEE RULE 19.15.7.14 NMA ompletion.	l pertinent details, an AC. For Multiple Co	d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of s.
Notes: REDELIVERED; WELL W.	AS SHUT IN MORE THAN 90 E	DAYS FOR ECONOR	MIC REASONS
			OIL CONS. DIV DIST. 3 MAY 07 2014
TP: 40 CP: 40 I	nitial MCF: 63		OIL 00.
			MAY O Zov
Meter No. 98296			
Gas Co: ENT Proj. Type: REDELIVERY			·
rioj. Type. REBEBIVERT			
Spud Date: Rig Release Date:			
I hereby certify that the information	above is true and complete to the	best of my knowledg	ge and belief.
/ / ^			

TITLE STAFF REGULATORY TECHNICIAN DATE: 5/1/14 Type or print name _ For State Use Only PHONE: E-mail address: _

APPROVED BY:_ Conditions of Approval (if any): TITLE_

DATE