

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

Form C-103
 Jun 19, 2008

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

| |
|---|
| WELL API NO. 30-045-25337 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. FEE |
| 7. Lease Name or Unit Agreement Name Calloway |
| 8. Well Number 3 |
| 9. OGRID Number 14538 |
| 10. Pool name or Wildcat Blanco PC/Blanco MV/Basin DK |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5865' GR |

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

4. Well Location
Unit Letter **E** : **1490** feet from the **North** line and **980** feet from the **West** line
Section **22** Township **31N** Range **11W** NMPM **San Juan County**

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

| | |
|---|--|
| 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 checked="" 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"/> RCUD OCT 9 '14 OIL CONS. DIV. OTHER: <input checked="" type="checkbox"/> TUBING REPAIR DIST. 3 |
|---|--|

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.

9/25/14 MIRU DWS 29. ND WH. NU BOPE. PT BOPE. Test OK. 9/26/14 TOOH w/2 3/8" tbg.
 9/29/14 Pressure on BH; tried to vent off. CO to 7118'. 10/1/14 Run CBL from 2450' to surface.
 10/2/14 Notified Brandon Powell/OCD & requested permission to sqz off BH to eliminate any communication, perf above 550' close to the collar, set CR @ 500', sqz below. Brandon requested noise study & research offset wells within .5 mile.
 10/3/14 Offset wells were researched, csg tests are good. All wells had zero pressure on BH. Concluded BH pressure on Calloway 3 is not caused by the surrounding wells. Rec'vd verbal approval from Brandon to proceed w/tbg repair as planned.
 10/6/14 TIH w/228 jts 2 3/8", 4.7#, J-55 tbg set @ 7020' w/FN @7019'. ND BOPE. NU WH. PT tbg to 500#. Test OK.
 RD RR @ 18:00 hrs on 10/6/14.

Brandon requested that COPC monitor the BH for one month, venting & shutting-in weekly & follow up w/OCD at the end of one month.

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 Dollie L. Busse TITLE Staff Regulatory Technician DATE 10-8-14

Type or print name Dollie L. Busse E-mail address: dollie.l.busse@conocophillips.com PHONE: 505-324-6104

For State Use Only
 APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE 10/24/14
 Conditions of Approval (if any): NV

[Handwritten mark]