Submit 3 Copies To Appropriate District Office		New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals a	and Natural Resources	Jun 19, 2008 WELL API NO.
District II	OIL CONCEDA	ATION DIVISION	30-045-29508
1301 W. Grand Ave., Artesia, NM 88210 District III		St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. FEE
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			Hartman Com
1. Type of Well: Oil Well Gas Well Other			8. Well Number <b>4A</b>
2. Name of Operator			9. OGRID Number
Burlington Resources Oil Gas Company LP  3. Address of Operator			14538 10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289			Blanco Mesaverde
4. Well Location			
Unit Letter C: 1035 feet from the North line and 1695 feet from the West line			
Section 26 Township 30N Range 11W NMPM San Juan County			
11. Elevation (Show whether DR, RKB, RT, GR, etc., 5914' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A   DOWNHOLE COMMINGLE   CASING/CEMENT JOB   CASING			
OTHER: □		OTHER: 🛛 RI	E-DELIVERY
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.			
This well was shut in for more than 90 days due to equipment issues. Returned to production on 12/11/14 and produced an initial MCF of 38.			
TP: 219 CP: 368 Initial MCF: 38			OIL CONS. DIV DIST. 3
Meter No.: 99520 Gas Co.: Enterprise		DEC 1 7 2014	
Project Type: REDELIVERY			
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 Jallie Jusse TITLE Staff Regulatory Technician DATE 12/16/19			
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: ACCEPTE	D FOR RECORD	TITLE	DATE
Conditions of Approval (if any):		*O	

