

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-045-35552
2. Name of Operator BURLINGTON RESOURCES OIL & GAS, LP		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. Box 4289; Farmington, NM 87499-4289		6. State Oil & Gas Lease No. E-5383
4. Well Location Unit Letter: <u>I</u> <u>2149'</u> feet from the <u>South</u> line and <u>544'</u> line and <u>East</u> feet from line Section <u>32</u> Township <u>30N</u> Range <u>08W</u> NMPM <u>SAN JUAN</u> County		7. Lease Name or Unit Agreement Name BEAVER LODGE COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6217' GL		8. Well Number IM
9. OGRID Number 14538		10. Pool name or Wildcat BLANCO MV/BASIN DK

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

<b>NOTICE OF INTENTION TO:</b> 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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input 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"/> OTHER: 1 <sup>ST</sup> Delivery Report <input checked="" type="checkbox"/>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was first delivered on 1/21/2015 and produced natural gas and entrained hydrocarbons of 5623 MCF.

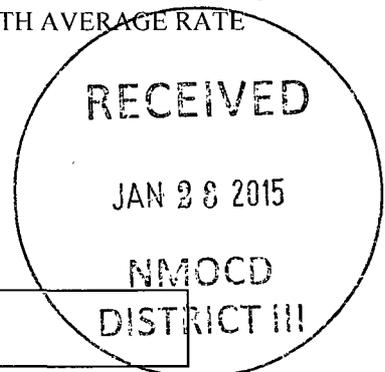
**NOTE:** THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING GAS ON THE MV 1/21/15, MV & DK FLOWING TOGETHER ON 1/22/15 FOR 5 DAYS WITH AVERAGE RATE 1124 MCFD. FINISHED THE GAS RECOVERY COMPLETION ON 1/26/15.

TP: - N/A CP - N/A Initial MCF: 5623

Gas Meter number - 91135 Gas. CO - ENT

Spud Date:

Rig Release Date:



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

SIGNATURE Denise Journey TITLE Staff Regulatory Technician DATE: 1-9-15

Type or print name Patsy Clugston E-mail address: Patsy.L.Clugston@conocophillips.com PHONE: 505-326-9518

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE ACCEPTED FOR RECORD DATE \_\_\_\_\_  
 Conditions of Approval (if any): AV

2/16