

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

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-039-24812
2. Name of Operator BURLINGTON RESOURCES OIL & GAS, LP		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. Box 4289; Farmington, NM 87499-4289		6. State Oil & Gas Lease No.
4. Well Location Unit Letter: <u>K;</u> <u>1645'</u> feet from the <u>South</u> line and <u>1825'</u> from <u>West</u> line. Section <u>23</u> Township <u>29N</u> Range <u>07W</u> NMPM <u>RIO ARRIBA</u> County		7. Lease Name or Unit Agreement Name SJ 29-7 UNIT NP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6262' GL		8. Well Number 561
9. OGRID Number 14538		10. Pool name or Wildcat BASIN FRUITLAND COAL

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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: 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: Redelivery 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 re-delivered on 02/18/15 and produced natural gas and entrained hydrocarbons.

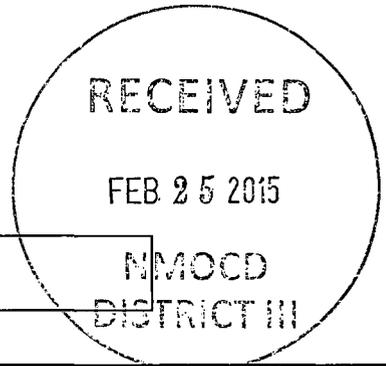
Notes: REDELIVERD 02/18/15 AFTER BEING SHUT-IN FOR MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES.

TP: - 120 CP - 120 Initial MCF: 106

Gas Meter number - 97519 Gas. CO - ENT Proj Type: REDELIVERY

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 Denise Journey E-mail address: Denise.Journey@conocophillips.com PHONE: 505-326-9556
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Handwritten initials and marks