

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 Rs., 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. 30-045-22901
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11124-26
7. Lease Name or Unit Agreement Name SAN JUAN 32-9 UNIT
8. Well Number 96
9. OGRID Number 14538
10. Pool name or Wildcat PC - BLANCO::PICTURED CLIFFS

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**

OIL CONS. DIV DIST. 3
JAN 12 2016

4. Well Location

Unit Letter	<u>O</u>	Footage	830' FSL & 1620' FEL		
Section	02	Township	031N	Range	010W
		SAN JUAN COUNTY			

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
' GR

12. CHECK APPROPRIATE BOX(ES) 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 checked="" type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>
DOWNHOLE COMMINGLE	<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 checked="" type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

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.

Notes: WELL SHUT-IN FOR MORE THAN 90 DAYS DUE TO PRESSUE ISSUES

Spud Date: **5/9/1978**

Rig Released Date:

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

SIGNATURE *Crystal Walker* TITLE Staff Regulatory Tech. DATE 1/7/14

Type or print name Crystal Walker E-mail address: crystal.walker@ccp.com PHONE: 326-9837

For State Use Only

APPROVED BY: **Accepted For Record** TITLE _____ DATE _____

Conditions of Approval (if any):

RV *File Future Sundrys on current Form.