

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

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

Use current OGD FORMS ->

Form C-103
 Jun 19, 2008

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.)		WELL API NO. 30-045-21250
1. Type of Well: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 4289 Farmington, NM 87499		7. Lease Name or Unit Agreement Name HUERFANO UNIT
4. Well Location Unit Letter <u>C</u> Footage 890' FNL & 1750' FWL Section <u>32</u> Township <u>026N</u> Range <u>010W</u> SAN JUAN COUNTY		8. Well Number 245
11. Elevation (Show whether DR, RKB, RT, GR, etc.) ' GR		9. OGRID Number 14538
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA		10. Pool name or Wildcat DK - BASIN::DAKOTA

OIL CONS. DIV DIST. 3
 JUL 11 2016

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
 TEMPORARILY ABANDON
 PULL OR ALTER CASING
 DOWNHOLE COMMINGLE
 OTHER:

PLUG AND ABANDON
 CHANGE PLANS
 MULTIPLE COMPL

SUBSEQUENT REPORT OF:

REMEDIAL WORK
 COMMENCE DRILLING OPNS.
 CASING/CEMENT JOB
 OTHER: **RE-DELIVERY**

ALTERING CASING
 P AND A

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 WAS SHUT IN DUE TO PRODUCTION EQUIPMENT FAILURE

Spud Date: 4/24/1973

Rig Released Date:

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

SIGNATURE Kelly G. Roberts TITLE Staff Regulatory Tech. DATE 7/8/16

Type or print name KELLY G. ROBERTS E-mail address: kelly.roberts@CoP.COM PHONE: 326-9775

For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE _____ DATE _____

Conditions of Approval (if any):