

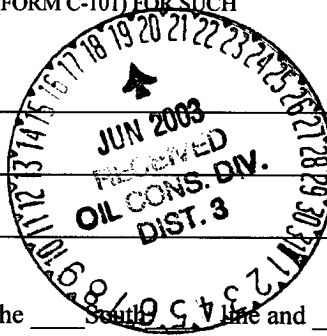
Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised May 08, 2003

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

WELL API NO. 30-045-30975
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hubbard
8. Well Number 2B
9. OGRID Number 14538
10. Pool name or Wildcat Blanco Mesaverde



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	
2. Name of Operator Burlington Resources Oil & Gas Company LP	
3. Address of Operator PO Box 4289, Farmington, NM 87499	
4. Well Location Unit Letter <u>P</u> : <u>910</u> feet from the <u>South</u> line and <u>1840</u> feet from the <u>East</u> line Section <u>11</u> Township <u>32N</u> Range <u>12W</u> NMPM San Juan County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 COMPLETION <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"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: casing & cement <input checked="" 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.

6/6/03 MIRU. ND WH. NU BOP. PT BOP & csg to 600 psi/30 mins, OK. Drilling ahead.  
6/9/03 Drill to intermediate TD @ 3114'. Circ hole clean. TOO. TIH w/67 jts 7" 20# J-55 EUE csg, & 5 jts 7" 23# N-80 EUE csg, set @ 3101'. Cmtd w/377 sxs 50/50 Class B poz w/8% gel, 3% calcium chloride, 0.25 pps flocele, 0.4% fluid loss, 0.4% LCM, 0.4% SMS (803 cu. ft.). Tail w/90 sxs Class B neat w/1% calcium chloride, 0.25 pps celloflake, 0.2% fluid loss (124 cu. ft.). Circ 29 bbls cmt to surface. WOC. PT BOP & csg to 600 psi/30 mins, OK. Drilling ahead.  
6/11/03 Drill to TD @ 5493'. Blow well clean. TOO. TIH w/62 jts 4-1/2" 10.5# J-55 csg, set @ 5493'. Lnr top @ 2828'. Cmtd w/109 sxs Premium Lite w/0.25 pps celloflake, 0.3% CD-32, 6.25 pps LCM-1, 1% fluid loss (216 cu. ft.). Circ 10 bbls cmt out lnr top. WOC.  
6/12/03 ND BOP. NU WH. RD. Rig released.

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

SIGNATURE Peggy Cole TITLE Regulatory Supervisor DATE

Type or print name Peggy Cole Telephone No. (505) 326-9700

(This space for State use)

APPROVED BY Charles D. Her TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE JUN 19 2003

Conditions of approval, if any:

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