

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.

30-045-31178

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Fee

8. Well Number

100

9. OGRID Number

14538

10. Pool name or Wildcat

Basin Fruitland Coal

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 CBM

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 H : 2180 feet from the North line and 870 feet from the East line

Section 8

Township 30N

Range 11W

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 ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Spud, casing, & cement ☒

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.

8/8/03 Drill to TD @ 2115'. Circ hole clean. TOOH.

8/9/03 TIH w/48 jts 4-1/2" 10.5# J-55 ST&C csg, set @ 2106'. Cmt w/190 sxs Premium Lite FM w/8% gel, 3% calcium chloride, 0.25 pps flocelle, 5 pps LCM-1, 0.4% fluid loss, 0.4% sodium metasilicate (405 cu. ft.). Tail w/90 sxs Type III cmt w/1% calcium chloride, 0.2% fluid loss, 0.25 pps flocelle (124 cu. ft.). Circ 5 bbls cmt to surface. 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)

DEPUTY OIL & GAS INSPECTOR, DIST. 8

APPROVED BY Charles D. R. TITLE DATE AUG 12 2003

Conditions of approval, if any: