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Submit 3 Copies To Appropriate District Office District I State of New Me Energy, Minerals and Natu	xico S 5 Form C-103
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION	DIVISION 5. Indicate Type of Lease
District III 1220 South St. Francisco Pd. Agree NM 97410	state Fee
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. NMSF-078208
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	JG BACK TO A
1. Type of Well:	
Oil Well Gas Well Other 2. Name of Operator 7. Well No.	
Burlington Resources Oil & Gas Company	#2M
3. Address of Operator P O Box 4289, Farmington, NM 87499 4. Well Location	9. Pool name or Wildcat Blanco Mesaverde/ Basin Dakota
Unit Letter <u>E</u> : 1550 feet from the <u>North</u>	line and225feet from theWestline
	Range 10W NMPM San Juan County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE COMPLETION	ABANDONMENT CASING TEST AND CEMENT JOB
OTHER: DHC	OTHER:
12. 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 recompilation.	
It is intended to commingle the subject well in the Blanco Mesaverde (Pool Code 72319) and the Basin Dakota (Pool Code 71599). The Production will be commingled according to Oil Conservation Division Order Number 11363. Allocation and methodology will be provided after the work is completed. Commingling will not reduce the value of the production. Bureau of Land Management has been notified in writing of this application.	
Interest is common, notification is not necessary.	
DHC 2450 AZ	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulatory Analyst DATE 11/6/06	
Type or print name Amanda Sanchez	Telephone No. 326-9891
(This space for State use) APPROVED BY APPROVED BY NOV 0 6 2006	
APPPROVED BY	