| Office Office | State of | New Me | X1CO | | F | orm C-103 |
|--|--|--------------------|------------------------------|---------------------------------------|-------------------|------------------|
| District I | Energy, Minerals | and Natu | ral Resources | WELL API NO. | N | March 4, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | | 045 22006 | ROUD JANZ'OT |
| <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 | ve., Artesia, NM 88210 OIL CONSERVATION DIVISION | | | | -045-33986 | |
| District III 1220 South St. Francis Dr. | | | | 5. Indicate Type STATE | FEE | QL CONS. DIV |
| 000 Rio Brazos Rd., Aztec, NM 87410 Vistrict IV Santa Fe, NM 87505 | | | | 6. State Oil & Ga | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | | | VIDI. D |
| 87505 CLINIOD V NOTICES AND DEDODTS ON WELLS | | | | 7 Langa Nama as | - T Ii+ A | ant Name |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | 7. Lease Name or | r Unit Agreen | ient Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | Decker | | |
| PROPOSALS.) | | | | 8. Well Number | | |
| 1. Type of Well: Oil Well | | | | #3M | | |
| | | | | O OCDID Newsbar | | |
| 2. Name of Operator Burlington Resources Oil & Gas Company LP | | | | 9. OGRID Number 14538 | | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat | | |
| P.O. Box 4289, Farmington, NM 87499-4289 | | | | Basin DK / Blanco MV | | |
| 4. Well Location | | | | | | |
| | | | | | | |
| Unit Letter D: | 205' feet from the | North | line and <u>375</u> | feet from the | West line | |
| | | | | | | |
| Section 23 Township 32N Range 12W NMPM San Juan County | | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | |
| 6180' GL | | | | | | |
| | | | | | | |
| 12. Check A | ppropriate Box to I | ndicate N | ature of Notice, | Report or Other | Data | |
| · | | | | SEQUENT RE | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | N \square | REMEDIAL WOR | • | ALTERING (| |
| | | <u>—</u> | | _ | | _ |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | RILLING OPNS. | PLUG AND | |
| PULL OR ALTER CASING | MULTIPLE | | CASING TEST A | ND \square | ABANDONN | MENT |
| PULL OR ALTER CASING | COMPLETION | | CASING TEST A | ND 🗆 | | |
| | | | 022.11.002 | | | |
| OTHER: | Commingle | \boxtimes | OTHER: | | | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | | | | | |
| of starting any proposed wo | | | | | | |
| or recompletion. | , | • | • | J | | 1 |
| • | | | | | | |
| It is intended to drill and complete th | | | | | | |
| The production will be commingled | according to Oil Conser | vation Divi | sion Order Number | r 11363. Allocation | and methodo | logy will be |
| provided after the well is completed. | | reduce the | value of production | n. The Bureau of | Land Manage | ement has |
| been notified in writing of this applic | ation, | | | | | |
| | | ^ | , | | | |
| Interest is common, no notification is | necessary. | <i> </i> | HC 240 | 74 AZ | | |
| The description of the state of | 1 1 1 | | | · · · · · · · · · · · · · · · · · · · | | |
| I hereby certify that the information a grade tank has been/will be constructed or | above as true and comple | ete to the b | est of my knowledg | ge and belief. I furth | er certify that a | ny pit or below- |
| grade tank has been/whi be constructed or | closed according to NWIOCI | o guidennes [| , a general permit [| J or an (attached) afteri | native OCD-app | roved pian 📋. |
| SIGNATURE Talsy | Mustin/ | TITLE S | r. Regulatory Speci | alist DATE | 12/29/06 | |
| | | _1111222 | regulatory opeci | DATE | 12,25,00 | |
| Type or print name Patsy Clu | ugston E-mail ac | idress: pcl | ugston@br-inc.con | n Telephone No. | 505-326-95 | 18 |
| | <u> </u> | | | | | |
| (This space for State use) | | | | | | |
| (1mo space for state ase) | | | | | | |
| | Z_{II} | | | | | |
| APPPROVED BY | - Mull | TITLE COM | uty oil & gas in: | SPECTOR, DIST. @3 | DATE A | N 0 2 2007 |
| Conditions of approval, if any: | N P | | | | JF | HA V ~ TOUI |
| Submit 3 Copies To Appropriate District | State of | f New Me | exico | Δ (| F | orm C-103 |
| Office | | | · | al. | | March 4, 2004 |