Submit 3 Copies 10 Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30045332350000
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			FEE
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			7. Lease Name or Unit Agreement Name ALLISON UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 133S
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP			9. OGRID Number 14538
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat FRC / BASIN(FRUITLAND COAL)
4. Well Location			
Unit Letter_P_:_1150'_feet from the _FSL_ line and _1275'_feet from the _FEL_line			
Section 07 Township	<u></u>	State NM	County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6521 - GR			
Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	REMEDIAL WOR COMMENCE DR CASING/CEMEN	ILLING OPNS. P AND A
OTHER:	П	OTHER: FIR	ST DELIVERY 02/16/07 X
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.			
			RECEIVED 12 APR 2007 P. OIL CONS. DIV. DIST. 3 CT
SIGNATURE Type or print name For State Use Only		est of my knowledg	Telephone No
APPROVED BY: ACCOPTED Conditions of Approval (if any):	IIILE_		DATE