

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
March 4, 2004

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

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.)		WELL API NO. 30-045-34176
1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐		5. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator Burlington Resources		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		7. Lease Name or Unit Agreement Name Morris A
4. Well Location Unit Letter <u>P</u> : 1005' feet from the <u>South</u> line and <u>720</u> ' feet from the <u>East</u> line Section <u>22</u> Township <u>30N</u> Range <u>R11W</u> NMPM <u>San Juan</u> County		8. Well Number 10S
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5849'		9. OGRID Number 14538
		10. Pool name or Wildcat Basin Fruitland Coal

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: ☒ Pressure test on prod casing

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.

RCVD FEB 11 '08

OIL CONS. DIV.

DIST. 3

8/31/07 NU Frac valve & PT csg to 4000psi for 15mins @ 06:00hr – good test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tamra Sessions TITLE Regulatory Technician DATE 2/11/08
Type or print name Tamra Sessions E-mail address: sessitd@conocophillips.com Telephone No. 505-326-9834

(This space for State use)

APPROVED BY A. Villanueva TITLE Deputy Oil & Gas Inspector, DATE FEB 12 2008
Conditions of approval, if any: District #3