Submit 3 Copies To Appropriate District Office	State of New Me	exico	Form C-103	
District I	Energy, Minerals and Natural Resources		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 3004534339	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE STATE FEE	
District IV Santa Fe, NW 87505		7505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-1201-5	
		UG BACK TO A	7. Lease Name or Unit Agreement Name TURNER B COM C	
	Gas Well Other		8. Well Number 100	
2. Name of Operator			9. OGRID Number	
BURLINGTON RESOURCES OIL & GAS COMPANY LP			14538	
3. Address of Operator P.O. BOX 4289, FARMINGTO	ON NM 87499		10. Pool name or Wildcat BASIN FRUITLAND COAL	
4. Well Location				
Unit Letter G: 1735' feet from the FNL line and 1955' feet from the FEL line				
Section 16 Township 02		State NM	County SAN JUAN	
Section 10 Township 02				
6206' - GR Pit or Below-grade Tank Application or Closure				
	nterDistance from nearest fresh v	water well Dista	ance from nearest surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume		nstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			_	
		COMMENCE DRII	<u>=</u>	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 📙	
OTHER:	П	OTHER: FIR:	ST DELIVERY 06/18/08	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dates.)				
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
This well was first delivered on <u>06/18/08</u> and produced natural gas and entrained hydrocarbons of <u>252 MCF</u> .				
			RCVD JUN 20 '08	
			νο∧η 10¼ \ΩΩ	
TP: 156 CP: 200 I	Initial MCF: 252		OIL CONS. DIV.	
Meter No.: 88520			DIST. 3	
Gas Co.: EFS				
	1			
			e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan	
SIGNATURE	Mamil TITLE		<u>Technician</u> DATE <u>06/15/2008</u>	
100				
Type or print name Marie Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com Telephone No. 505-326-9865				
For State Use Only	,	Deputy Oil & 0	Gas Inspector,	
APPROVED BY: Accepted of	or record TITLE	Distri	ct #3 DATE JUN 2 4 2008	
Conditions of Approval (if any):				
Conditions of Approval (If any).)	12/		