Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-045-34055
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOTIC	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		Allison Unit Com
1. Type of Well: Oil Well Gas Well Other		8. Well Number 135S
2. Name of Operator		9. OGRID Number
BURLINGTON RESOURCES OIL & GAS COMPANY LP		14538
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		10. Pool name or Wildcat Basin Fruitland Coal
		Dasin Fruitiand Coal
4. Well Location		
Unit Letter M : 1215		660 feet from the West line
Section 9	Township 32N Range 06W	NMPM San Juan County
	11. Elevation (Show whether DR, RKB, RT, GR, 6161' GR	etc.)
12 Check A	opropriate Box to Indicate Nature of Notice	ce Report or Other Data
		_
NOTICE OF INT	1	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	ENT JOB
OTHER:	OTHER: 🛛	Reset Tubing
	ted operations. (Clearly state all pertinent details.	, and give pertinent dates, including estimated date
	k). SEE RULE 1103. For Multiple Completions:	Attach wellbore diagram of proposed completion
or recompletion.		
7/23/08 MIRU Basic 1510. ND WH, deeper.	NU BOP. Test BOP-ok. Tally 3264' tbg out of h	nole. TIH w/bailer & CO to 3341', could not clean
асерет.		
7/28/08 RIH w/104 jts 2 3/8" 4.7# J-5	5 tbg & land @ 3304'. RD RR @ 16:00hr on 7/2	8/08.
		RCVD AUG 20 '08
		OIL CONS. DIV.
		DIST. 3
		DIJ1. U
Spud Date : 12/07/2006	Rig Released Date:	7/28/08
12/0//2000		//28/08
I hereby certify that the information al	pove is true and complete to the best of my knowle	edge and belief. I further certify that any pit or below-
	osed according to NMOCD guidelines , a general permi	
-100	`	
SIGNATURE / am dess	TITLE Staff Regulate	ory Technician DATE 8/18/2008
Type or print name Tamra Sessions	E-mail address: sessitd@conocophillips	.com PHONE: 505-326-9834
For State Use Only		TIGITE DOS SEU JUST
	SUPERVISOR D	DISTRICT #3 AUG 9 1 2008
APPROVED BY:	TITLE SUPERVISOR E	DISTRICT # 3 DATE AUG 2 1 2008

r,