Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.		
District II	OIL CONSERVATION DIVISION		3004534478		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	Lease FEE 🔀	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas		
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 PROPOSALS.)			7. Lease Name or Unit Agreement Name MCDURMITT		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 1P		
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 BLANCO MV / BASIN DK		
4. Well Location					
Unit LetterB:67	70'feet from theFNI	L line and 174	0'feet from the	FELline	
Section 06	Township 031N	<u> </u>		JUAN County	
an and an one are also as the marks	11. Elevation (Show whether 5878' GR	DR, RKB, RT, GR, etc.)		
	3				
12. Check A	Appropriate Box to Indicate	e Nature of Notice,	Report or Other D	D ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲				
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL		MMENCE DRILLING OPNS.☐ P AND A ☐ SING/CEMENT JOB ☐		
FOLL ON ALTER CASING	MOLTIFLE COMPL []	CASING/CEWEN	II JOB 🔲		
OTHER: 13. Describe proposed or comp	1-4-1	OTHER:	FIRST-DELIVERY	09/18/08	
	ork). SEE RULE 1103. For Mu				
This well was first-delivered on <u>09/18//08</u> and produced natural gas and entrained hydrocarbons of <u>750</u> MCF.					
TD (11					
TP: 611			RCVD SEP 24'08		
Meter No.: 88522			Cin	_ CONS. DIV.	
Gas Co.: EFS				DIST. 3	
I hereby certify that the information	above is true and complete to the	ne best of my knowledg	ge and belief.		
SIGNATURE MATTER	TITLE_	_Regulatory Tech	DATE	09/22/08	
Type or print name Marie E. Jaran				ONE:505-326-9865	
For State Use Only		_		511b303-320-9003	
APPROVED BY: 1 Conditions of Approval (if any):	r) record TITLE		DAT	E	
Conditions of Approval (it ally).	b .				