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 Resource	es June 16, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	3004534526
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	FEE
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Medellini
1. Type of Well: Oil Well	Gas Well 🛛 Other	
2. Name of Operator RURLINGTON RESOURCE	S OIL & GAS COMPANY LP	9. OGRID Number 14538
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMINGT	ON NM 87499	BLANCO MV / BASIN DK
4. Well Location		
	115'feet from theFNL line and	
Section 06	Township 031N Range	012W NMPM SAN JUAN County
	11. Elevation (Show whether DR, RKB, RT, G 5920' GR	R, etc.)
40 10 10 10 10 10 10 10 10 10 10 10 10 10	372V GR	Processor Control of the Control of
12. Check A	Appropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/C	EMENT JOB
OTHER:	☐ OTHER:	FIRST-DELIVERY 09/18/08 ⊠
		nils, and give pertinent dates, including estimated date
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multiple Completion	ns: Attach wellbore diagram of proposed completion
or recompletion.		
This well was first-delivered on <u>09/18//08</u> and produced natural gas and entrained hydrocarbons of <u>750</u> MCF.		
TP: 645 CP: 685	Initial MCF: 750	
Meter No.: 88531		
C C EEC		RCVD SEP 24'08
Gas Co.: EFS		OIL CONS. DIV.
		ni.
Λ		
I hereby certify that the information	above is true and complete to the best of my known	owledge and belief.
IIII IIII	(04.1/1/)	
SIGNATURE /////	WW! X' TITLE Regulatory Tec	chDATE09/22/08
Tyme or print name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V	o@ConocoPhillips.com PHONE: 505-326-9865_
Type or print name Marie E./Jara For State Use Only	E-man address: marie.e.jaramino	DWCOHOCOFIIIIIPS.COIII FRONE:303-320-9803
	for the second	
APPROVED BY: ACCEPTED &	for record title	DATE
Conditions of Approval (If any):	$\mathscr{O}_{\!$	