Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240 District II	OH COMOTRIA MICH SWITCH	WELL API NO. 3004534586
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. E-1203-13
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.)		7. Lease Name or Unit Agreement Name MIMS STATE COM 8. Well Number 1S
	Gas Well 🛛 Other	
2. Name of Operator BURLINGTON RESOURCES 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	BASIN FRUITLAND COAL
4. Well Location	,	
Unit Letter F: 1418' feet from the FNL line and 1767' feet from the FWL line		
Section 16 Township 029N Range 009W NMPM SAN JUAN County		
	11. Elevation (Show whether DR, RKB, RT, G. 5788' GR	R, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		•
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING		EMENT JOB
0.71.17.0		
OTHER: OTHER: FIRST-DELIVERY 11/10/08		
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.		
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This well was first-delivered on 11/10/08 and produced natural gas and entrained hydrocarbons of 710MCF.		
TP: 253 CP: 253	nitial MCF: 710	KCAD NOA 13,08
Madau Na - 26701		
Meter No.: 36791		OIL CONS. DEV.
Gas Co.: WFS		
		DIST. 3
I hereby certify that the information a	above is true and complete to the best of my kno	wledge and belief.
14/	. 1110	
SIGNATURE WALLE	MANUAL TITLE Regulatory Tecl	DATE11/12/08
- TV WILL TO PU		
Type or print nameMarie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE:505-326-9865 For State Use Only		
APPROVED BY: Accepted for record TITLE DATE Conditions of Approval (if any): DATE		
Conditions of Approval (II fally).	8 11/21	