Office	ice Enormy Miner		of New Mexico		_	Form C-103 Jun 19, 2008		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources					s WELL A	WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION					5 Indice	30-045-34791 5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.							EE 🛛	
<u>District IV</u> 1220 S. St. Francis Dr.,						Oil & Gas Lease N	ю.	
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	7. Lease Name or Unit Agreement Name Culpepper Martin		
1. Type of Well: Oil Well Gas Well Other					8. Well	8. Well Number 16N		
2. Name of Operator Burlington Resources Oil Gas Company LP						ID Number 14538		
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289						10. Pool name or Wildcat		
4. Well Location	rmington, NM 8					Basin DK/Blnco		
4. Well Location Unit Lette	er E : 1435	feet from the	North	line and	750feet	from the Wes	st line	
Section	4			nge 12W	NMPM	San JuanCount		
4		11. Elevation (Sho	w whether DR 5974		R, etc.)			
	12. Check A	Appropriate Box t	······································		tice, Report o	r Other Data		
		TENTION TO: PLUG AND ABAN	DON 🗌	REMEDIAL				
					E DRILLING OP			
PULL OR ALTER (MULTIPLE COMP		CASING/CE	MENT JOB	\boxtimes		
OTHER:				OTHER:	Spud Report			
	any proposed wo	leted operations. (Cl rk). SEE RULE 110						
11/20/08 MIRU MC 9 5/8"csg, 32.3#, H- displace plug w/13 b	40, ST&C & set	@ 230'. Pre-flush w	/ 3bbl Water &	& Pumped 68s	x (107cf-19bbl)		Flyash. Drop &	
PT will be conducte	d by drilling rig a	& reported on next re	eport.					
			- D: D.1	1.0.4		DIST.		
Spud Date:	11/20/08		Rig Rel	eased Date:	11/21/08			
I hereby certify that grade tank has been/wil	the information a ll be constructed or	above is true and cor closed according to NM	nplete to the b OCD guidelines [est of my knov □, a general per	wledge and belie mit 🛛 or an (attac	hed) alternative OCD-	at any pit or below- approved plan [].	
SIGNATURE	\sum			Regulat	ory Technician		24/08	
Type or print name	Kelly Jeffery	E-mail address <u>:</u>	Kelly.R.Je	ffery@conocoj	phillips.com	PHONE: 505-599	-4025	
For State Use Only	<u>/</u>	_	De			-		
APPROVED BY:	Jaly G. I	LC5	TITLE	Dist	Gas Inspe trict #3	CIOF, DATE	DEC 0 1 2009	
Conditions of Appro	oval (11 aliy):						,	
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