

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 June 16, 2008

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 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.)		WELL API NO. <b>3004529747</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>CONOCOPHILLIPS COMPANY</b>		6. State Oil & Gas Lease No. <b>FEE</b>
3. Address of Operator <b>P.O. BOX 4289, FARMINGTON NM 87499</b>		7. Lease Name or Unit Agreement Name <b>BRUINGTON LS</b>
4. Well Location Unit Letter <u>M</u> : <u>790'</u> feet from the <u>FSL</u> line and <u>925'</u> feet from the <u>FWL</u> line Section <u>06</u> Township <u>030N</u> Range <u>011W</u> NMPM County <u>SAN JUAN</u>		8. Well Number <b>4R</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>5715' GR</b>		9. OGRID Number <b>217817</b>
10. Pool name or Wildcat <b>BLANCO MESAVERDE / BASIN DAKOTA</b>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>RE-DELIVERY 02/04/09</b> <input checked="" type="checkbox"/>	

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.

This well was re-delivered after being turned off for more than 90 days on 02/04/09 produced an initial MCF of 470.

TP: 926 CP: 926 Initial MCF: 194

RCVD FEB 16 '09

Meter No.: 98322

OIL CONS. DIV.

Gas Co.: EFS

DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Marie E. Jaramillo TITLE Regulatory Tech DATE 02/12/09

Type or print name Marie 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):

2/18/09 AL