| Submit 3 Copies To Appropriate District   | State of New Mexico                    |                                 |                                  |                     | Form C-103  |                             |                               |  |
|---|--|---------------------------------|----------------------------------|---------------------|---|-----------------------------|-------------------------------|--|
| Office<br>District I  | Energy, Minerals and Natural Resources |                                 |                                  | es _                | Jun 19, 2008  |                             |                               |  |
| 1625 N. French Dr , Hobbs, NM 88240   |  |                                 |                                  |                     | WELL API NO.  |                             |                               |  |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION              |                                 |                                  |                     | 30-039-30613 5. Indicate Type of Lease                  |                             |                               |  |
| District III  | 1220 South St. Francis Dr.             |                                 |                                  |                     | 5. Indicate   |                             | Lease<br>FEE                  | $\boxtimes$                            |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                     |                                 |                                  | }                   | 6. State Oi   |                             |                               | <u> </u>                               |
| 1220 S. St. Francis Dr., Santa Fe, NM   |  |                                 |                                  |                     | o. Duite o.   | i ce ous i                  | souse 110.                    |  |
| 87505<br>SUNDRY NOTIC   | CES AND REPORTS O                      | N WELLS                         |                                  |                     | 7 Lease N   | lame or I                   | Init Agreem                   | ent Name                               |
| (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 |  |                                 |                                  |                     | 7. Lease Name or Unit Agreement Name San Juan 28-6 Unit |                             |                               |  |
| PROPOSALS.)   |  |                                 |                                  |                     | 8. Well Number 207P                                     |                             |                               |  |
| 1. Type of Well: Oil Well 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, Farmington, NM 87499-4289  |  |                                 |                                  |                     | Blanco MV/Basin DK                                      |                             |                               |  |
| 4. Well Location  |  |                                 |                                  |                     | <u></u>   |                             |                               |  |
| Unit Letter D: 723'   | feet from the                          | North                           | line and                         | 647'                | feet fro  | om the                      | West                          | line                                   |
| Section 10  | Township 27N                           |                                 | inge 6W                          |                     | NMPM  |                             | ibaCounty                     | <del></del>                            |
|   | 11. Elevation (Show w                  |                                 |                                  |                     |   | 77 17 A . S                 | \$35.00g.                     |  |
| Office and the second   |  | 6238'                           | GR                               |                     |   |                             |                               |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |                                 |                                  |                     |   |                             |                               |  |
| NOTICE OF IN  | TENTION TO:                            |                                 |                                  | CLIDS               | SEQUEN  | T DED                       | ODT OE:                       |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       | v 🗆 📗                           | REMEDIAL                         |                     |   |                             |                               | asing $\Box$                           |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR  |  |                                 |                                  |                     |   |                             | AND A                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         |                                 | CASING/CE                        |                     |   |                             |                               | _                                      |
| _   |  | _                               | _                                |                     |   | _                           |                               |  |
| OTHER:  |  |                                 | OTHER:                           |                     |   |                             | · 1 1 ·                       |  |
| 13. Describe proposed or comple of starting any proposed wor  |  |                                 |                                  |                     |   |                             |                               |  |
| or recompletion.  | K). SEE ROLE 1103.                     | roi waaapi                      | c Completion                     | ns. Au              | acii weiibbii   | . diagram                   | or propose                    | a completion                           |
| o, recompletion   |  |                                 |                                  |                     |   |                             |                               |  |
| 03/10/2009 MIRU Mote 209. Spud a  |  |                                 |                                  |                     |   |                             |                               |  |
| 40 ST&C & set @ 228'. Preflushed v  |  |                                 |                                  |                     |   |                             |                               |  |
| w/14bbl H20. Good Circ, No cmt to s   | surface. WOC. Top set v                | w/32sx (44c                     | f-8bbl) Neat                     | t CMT.              | Circ 1bbl ci  |                             |                               |  |
| on 03/11/2009.  |  |                                 |                                  |                     | RCVD HAR 16'09  |                             |                               |  |
| PT will be conducted by drilling rig.   | Results will appear on r               | next report                     |                                  |                     |   | and and                     | l Cons. I                     |  |
| Spud Date: 03/11/2009   |  |                                 | ased Date:                       | 03/1                | 1/2009  |                             | DIST. 3                       |  |
|   | <u></u>                                |                                 |                                  |                     |   |                             |                               |  |
| YI I de   | 1 1 1                                  | 1 . 1 .                         | . 4 . <b>.</b> 6 1               | 1                   |   | T.O                         |                               |  |
| I hereby certify that the information a grade tank has been/will be constructed or c  | closed according to NMOCI              | ete to the be<br>I guidelines [ | st of my kno<br>1. a general pei | owieage<br>rmit 🕅 o | and bellet.<br>or an (attached                          | I further o<br>l) alternati | ertify that an<br>ve OCD-appr | y pit or below-<br>oved plan □.        |
|   |  |                                 |                                  |                     |   |                             |                               |  |
| SIGNATURE UMU   | GOOGWUL                                | _J)ITLE                         | Regula                           | itory Te            | chnician  | DATE _                      | 03/12/2                       | 009                                    |
| Type or print name Jamie Goodwi   | in E-mail address:                     | Iamie I.                        | Goodwin@c                        | conocon             | hillins com   | PH                          | IONE: 505                     | 5-326-9784                             |
| For State Use Only  |  |                                 |                                  |                     |   |                             |                               |  |
| APPROVED BY: Laly G.  | 7 O <del>L</del>                       | •                               | outy Oil 8                       | s Gas<br>strict #   | mspeci  | UI,                         | MAR                           | 1.6 2009                               |
|   | iours                                  | _TITLE                          | טוט                              | HICL #              | r 0   | I                           | DATE FOR                      |  |
| Conditions of Approval (if any):  |  |                                 |                                  |                     |   |                             |                               |  |