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Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-10
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised May 08, 200
District II ON CONCEDIVATION DIVISION				30-045-25024 /	
histrict III 1220 South St. Francis Dr.				5. Indicate Type STATE	of Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa I	Fe, NM 87	505	6. State Oil & Ga	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOT: (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ICES AND REPORTS (SALS TO DRILL OR TO DE CATION FOR PERMIT" (FO	EPEN OR PLU RM C-101) FO	IG BACK TO A	7. Lease Name of Rawson	r Unit Agreement Name
1. Type of Well: Oil Well ☐ Gas Well ☒	Other	NOV PECE OIL COM		8. Well Number 2	
2. Name of Operator Burlington Resources Oil & Gas C	ompany LP	Dist	3 NO.	9. OGRID Numb 14538	
3. Address of Operator	7400	£3,.	. 03	10. Pool name or	
PO Box 4289, Farmington, NM 8' 4. Well Location	/499	4 (1.0 E	81.3	Aztec Pictured Ci	iffs/Blanco Mesaverde
Unit LetterB:	995feet from the _	North	line and1520_	feet from the	eEastline
Section 35	Township 3		Range 12W	NMPM	San Juan County
	11. Elevation (Show)	whether DR,	RKB, RT, GR, etc.)		
12. Check A	Appropriate Box to I	Indicate N	ature of Notice.	Report or Other	Data
NOTICE OF IN	ITENTION TO:		SUB: REMEDIAL WOR	SEQUENT RE	PORT OF: ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND [ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND 🗆	ABANDONNIEN
OTHER: commingle		\boxtimes	OTHER:		. [
 Describe proposed or comp of starting any proposed we or recompletion. 					
It is intended to remove the wellbore as follow		nfiguration a	and restimulate the	Pictured Cliffs inter	rval in the existing
MIRU, pull tubing and pac the casing. Pull retrievable restimulated. The wellbore	bridge plug. The existin	g formation	(s) will be isolated a	and the Pictured Cli	iffs interval
No DHC or	der				
I hereby certify that the information	above is true and compl	lete to the be	est of my knowledge	e and belief.	
SIGNATURE Tammy W	insall	_TITLE	Regulatory Special	ist	DATE11/24/2003
Type or print name Tammy Wim	satt			Telep	hone No. (505) 326-970
This space for State use)	W/1/2	DEPUTY	OIL & GAS INSPEC	ror, dist. 🕬	NOV 25 200
APPPROVED BYConditions of approval, if any:	Mil	_TITLE			_DATE