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Submit 3 Copies To Appropriate District State of New Me	exico Form C-103
Office District I Energy, Minerals and Natu	20111 5 105
1625 N. French Dr., Hobbs, NM 88240 WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION	DIVISION 30-045-31829
District III 1220 South St. Fran	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 8'	7505 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement 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.	
PROPOSALS.)	
1. Type of well.	
Off well Gas well Officer CDIVI	
2. Name of Operator Burlington Resources Oil & Gas Company LP 9. OGRID Number 14538	
3. Address of Operator	10. Pool name or Wildcat
PO Box 4289, Farmington, NM 87499	Basin Fruitland Coal
4. Well Location	
Unit LetterD :765feet from theNorth line and970feet from theWest line	
Section 20 Township 32N	Range 10W NMPM San Juan County
11. Elevation (Show whether DR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE	CASING TEST AND
COMPLETION	CEMENT JOB
OTHER:	OTHER:
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.	
10/10/02 NEXTEX G. 1. 11 O.0.15	
12/12/03 MIRU. Spud well @ 9:15 am 12/12/03. Drill to 140'. Circ hole clean. TOOH. TIH w/4 jts 9-5/8" 32.3# H-40 ST&C csg, set @ 136'. Cmtd w/50 sxs Type I-II Portland w/20% flyash (81 cu. ft.). Circ 2 bbls cmt to surface. WOC.	
NU WH. RD. Rig released.	
APD ROW Related	
III D NO W Rolling	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Tammy Winner TITLE	Regulatory SpecialistDATE12/18/2003
Type or print name Tammy Wimsatt Telephone No. (505) 326-9700	
(This space for State use)	DEO 1 0 0000
APPROVED BY OF VY	DEC 19 2003
APPPROVED BY	