Submit 3 Copies To Appropriate District Office District I	t Office t I Energy, Minerals and Natural Resources French Dr., Hobbs, NM 88240			Form C-103 June 16, 2008	
1625 N French Dr , Hobbs, NM 88240				WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		3003907556 5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fr		STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
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			7. Lease Name or Unit Agreement Name SAN JUAN 29-7 UNIT		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 58	ţ	
2. Name of Operator			9. OGRID Number 14538		
BURLINGTON RESOURCES OIL & GAS COMPANY LP 3. Address of Operator			10. Pool name or Wildcat		
P.O. BOX 4289, FARMINGTON NM 87499			BLANCO MESAVERDE		
4. Well Location					
Unit Letter M : 840' feet from the FSL line and 890' feet from the FWL line					
Section 26 Township 029N Range 007W NMPM RIO ARRIBA County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
'GR					
12. Check App	propriate 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 CA					
TEMPORARILY ABANDON					
	IOLTIPLE COMPL []	CASING/CEMEN	I JOR [7]		
OTHER: 13. Describe proposed or complete of starting any proposed work) or recompletion.	d operations. (Clearly state al . SEE RULE 1103. For Mult	OTHER: I pertinent details, and iple Completions: At	RE-DELIVERY 08/13/0 d give pertinent dates, includitate wellbore diagram of pro-	ng estimated date	
This well was shut in due to spacing issues that were resolved. It was re-delivered on <u>08/13/09</u> produced an initial MCF of 800.					
TP: 350 CP: 350 Initial MCF: 800			ROUN SEP 8 '09		
Meter No.: 71703			OIL CONS. DIV.		
			DIST. 3		
Gas Co.: EFS					
Project Type: REDELIVERY					
I hereby certify that the information abo	ve is true and complete to the	best of my knowledge	and belief.		
0	1				
SIGNATURE / amcdess	TITLE F	Regulatory Tech	DATE0)9/03/09	
Type or print nameTamra Sessions For State Use Only	E-mail address: tamra	.d.sessions@Conocol	Phillips.com PHONE:505	5-326-9834	
APPROVED BY OCCUPIED SON TO COOL TITLE			DATE		
Conditions of Approval (if any):					