

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

| |
|---|
| WELL API NO. 3003925976 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-6833-3 |
| 7. Lease Name or Unit Agreement Name SAN JUAN 27-5 UNIT |
| 8. Well Number 147M |
| 9. OGRID Number 14538 |
| 10. Pool name or Wildcat BASIN DAKOTA / BLANCO MESAVERDE |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 71448' GR |

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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY LP

3. Address of Operator
P.O. BOX 4289, FARMINGTON NM 87499

4. Well Location
Unit Letter **I**: **1510'** feet from the **FSL** line and **990'** feet from the **FEL** line
Section **36** Township **027N** Range **005W** NMPM **RIO ARRIBA** County **NM**

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **RE-DELIVERY** **08/11/09** ☒

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 shut in due well logging off, well has been swabbed in. It was re-delivered on **08/11/09** produced an initial MCF of **185**.

TP: 276 CP: 285 Initial MCF: 185

Meter No.: 82595

Gas Co.: WFS

Project Type: REDELIVERY

RCVD SEP 17 '09

OIL CONS. DIV.

DIST. 3

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

SIGNATURE Tamra Sessions TITLE Regulatory Tech DATE 09/16/09

Type or print name Tamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY: Accepted for Record TITLE _____ DATE _____
Conditions of Approval (if any):

[Signature]