

State of New Mexico  
Energy, Minerals and Natural Resources

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>3003906788</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E-2825</b>
7. Lease Name or Unit Agreement Name <b>GARTNER STATE COM</b>
8. Well Number <b>1</b>
9. OGRID Number <b>14538</b>
10. Pool name or Wildcat <b>SOUTH BLANCO PICTURED CLIFFS</b>

**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 **M** : **1150'** feet from the **FSL** line and **525'** feet from the **FWL** line  
Section **32** Township **027N** Range **007W** NMPM **RIO ARRIBA** County **NM**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**6221' GR**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>RE-DELIVERY</b>	<b>09/29/09</b> <input checked="" type="checkbox"/>

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 to high oxygen, set test compressor. It was re-delivered on 09/29/09 produced an initial MCF of **77** .

TP: N/A CP: 129 Initial MCF: 77

Meter No.: 70140

Gas Co.: EFS

Project Type: REDELIVERY

ROUND OCT 1 '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 09/30/09

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): AL