

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: RE-DELIVERY	09/29/09 <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