Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 16, 2008	
1625 N. French Dr., Hobbs, NM 88240 District II		•	WELL API NO.	
1301 W Grand Ave., Artesia, NM 88210			3003907590 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.		STATE FEE		
District IV Santa Fe, NM 8/505		6. State Oil & Gas Lease No.		
1220 S St. Francis Dr., Santa Fe, NM 87505		,	FEE	
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			7. Lease Name or Unit Agreement Name SAN JUAN 29-7 UNIT 8. Well Number 71	
2. Name of Operator			9. OGRID Number 14538	
BURLINGTON RESOURCES OIL & GAS COMPANY LP				
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BLANCO MESAVERDE	
4. Well Location				
Unit Letter A : 1080	feet from the FNL	line and 800'	feet from the FEL	line
Section 24 Towns			IO ARRIBA County	
	1. Elevation (Show whether L			
	6245 ' GR			
12. Check App	propriate Box to Indicate	Nature of Notice,	Report or Other Dat	a
NOTICE OF INTE	NTION TO	SUB	SEQUENT REPO	RT OF:
	LUG AND ABANDON	REMEDIAL WOR		TERING CASING
TEMPORARILY ABANDON 🔲 C	HANGE PLANS	COMMENCE DR		ND A
PULL OR ALTER CASING N	IULTIPLE COMPL	CASING/CEMEN	Т ЈОВ 🔲	
OTHER:	П	OTHER:	RE-DELIVERY 11	/30/09
13. Describe proposed or complete	d operations. (Clearly state a			
of starting any proposed work) or recompletion.	. SEE RULE 1103. For Mul	tiple Completions: At	tach wellbore diagram o	f proposed completion
This well was shut in due to stuck plung	er. It was re-delivered on 11	30/09 produced an ini	itial MCF of 557.	
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TP: 224 CP: 243 Initial MCF: 557			RCVD DEC 4'09	
			al cons. DIV.	
Meter No.: 72428			pist. 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	e and belief.	
1				
SIGNATURE / amdessi	TITLE_	Staff Regulatory Tech	DATE	12/03/09
Type or print nameTamra Sessions	E-mail address: tamr	a.d.sessions@Conoco	Phillips.com PHONE:	505-326-9834
For State Use Only			· -g· · ·	
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APPROVED BY: Accorded for Conditions of Approval (if any):	record TITLE		DATE_	
Conditions of Approval (II any):	Ar		,	