Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resour	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNATION DAMAGE	2004500712
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE 🔀
<u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		FEE
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name MCGRATH A
PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH Gas Well Other	8. Well Number 1
Type of Well: Oil Well Name of Operator	Gas well 🖂 Other	9. OGRID Number 14538
BURLINGTON RESOURCE	S OIL & GAS COMPANY LP	
3. Address of Operator P.O. BOX 4289, FARMINGT	ON NM 87499	10. Pool name or Wildcat BASIN DAKOTA
4. Well Location		
Unit Letter I : 172	feet from theFSL line and9	990'feet from theFELline
Section 03 Township 029N Range 012W NMPM SAN JUAN County NM		
	11. Elevation (Show whether DR, RKB, RT,	GR, etc.)
The second secon	5865 ' GR	
12. Check A	ppropriate Box to Indicate Nature of N	Votice, Report or Other Data
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIA	
TEMPORARILY ABANDON		ICE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/	CEMENT JOB
OTHER:	☐ OTHER:	RE-DELIVERY 12/15/09 ⊠
13. Describe proposed or compl	eted operations. (Clearly state all pertinent de	tails, 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.		
or recompletion.		
This well was shut in due to well was	loaded up. It was re-delivered on 12/15/09 pr	roduced an initial MCF of 509.
TP: 333 CP: 333	Initial MCF: 509	RCVD DEC 21 '09
Meter No.: 32756		
Gas Co.: WFS		OIL CONS. DIV.
		DIST. 3
Project Type: REDELIVERY		
		1.1.11.11.0
I hereby certify that the information a	bove is true and complete to the best of my kn	owledge and belief.
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SIGNATURE (In Jessey	TITLEStaff Regulato	ry TechDATE12/18/09
		ConocoPhillips.com PHONE:505-326-9834
For State Use Only		
ADDDOVED DV.	TITI E	DATE
ALLKOAED RI:	HILE	DATE
Conditions of Approval (if any):		