| Submit 3 Copies To Appropriate D  | istrict State of New                    | Mexico \                | Form C-103                           |
|---|---|-------------------------|--------------------------------------|
| Office <u>District I</u>  | Energy, Minerals and                    | Natural Resources       | June 16, 2008                        |
| 1625 N. French Dr., Hobbs, NM 88<br>District II   |   |                         | WELL API NO.<br>3004534807           |
| 1301 W Grand Ave., Artesia, NM  |   |                         | 5. Indicate Type of Lease            |
| <u>District III</u><br>1000 Rio Brazos Rd , Aztec, NM 8   | 1220 South St.                          |                         | STATE   FEE                          |
| District IV   | Santa Fe, Ni                            | M 87505                 | 6. State Oil & Gas Lease No.         |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   | FEE                     |                                      |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                         | 7. Lease Name or Unit Agreement Name |
| (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 |   |                         | RANDLEMON                            |
| PROPOSALS.)   |   |                         | 8. Well Number 1B                    |
| 1. Type of Well: Oil Well Gas Well Other  |   |                         |                                      |
| 2. Name of Operator   |   |                         | 9. OGRID Number <b>14538</b>         |
| BURLINGTON RESOURCES OIL & GAS COMPANY LP  3. Address of Operator   |   |                         | 10. Pool name or Wildcat             |
| P.O. BOX 4289, FARMINGTON NM 87499  |   |                         | BASIN DAKOTA/ BLANCO MESAVERDE       |
| 4. Well Location  |   |                         |                                      |
| Unit Letter_G: 1500' feet from the FNL_ line and 1535' feet from the FEL line   |   |                         |                                      |
| Section 26 Township 031N Range 011W NMPM SAN JUAN County NM   |   |                         |                                      |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |                         |                                      |
| 5730' GR  |   |                         |                                      |
|   |   |                         |                                      |
| 12. Cł  | neck Appropriate Box to Indica          | te Nature of Notice,    | Report or Other Data                 |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |   |                         |                                      |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK  |   |                         |                                      |
| TEMPORARILY ABANDON   | ☐ CHANGE PLANS ☐                        | COMMENCE DRI            | LLING OPNS. □ P AND A □              |
| PULL OR ALTER CASING  | ☐ MULTIPLE COMPL ☐                      | CASING/CEMENT           | ſ JOB □                              |
| OTHER:  |   | OTHER:                  | FIRST-DELIVERY 12/15/09              |
| 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 is a new drill and was first-delivered on 12/15/09 and produced natural gas and entrained hydrocarbons of 27,752 MCF.                     |   |                         |                                      |
| This well is a new drift and was first-derivered on 12/15/09 and produced natural gas and entrained hydrocarbons of 27,752 MCF.                     |   |                         |                                      |
| DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 12/15/09, MV & DK FLOWING  |   |                         |                                      |
| TOGETHER ON 12/15/09. F   | INISHED THE GAS RECOVERY C              | COMPLETION 12/23/09     |                                      |
|   |   |                         |                                      |
| TP: CP:   | Initial MCF: 27,752                     |                         | RCVD JAN 5'10                        |
| •   |   |                         | OIL CONS. DIV.                       |
| Meter No.: 88825  |   |                         | DIST. 3                              |
| Gas Co.: EFS  |   |                         |                                      |
| Gas Co Ers  |   |                         |                                      |
|   | ,                                       |                         |                                      |
| I hereby certify that the inform  | nation above is true and complete to t  | he best of my knowledge | and belief.                          |
| ^   | 1                                       |                         |                                      |
| SIGNATURE (CA)  |   | Staff Dagulatory Took   | DATE12/31/09                         |
| SIGNATURE /WWW  | TILE_                                   | stati regulatory recn_  | DATE12/31/09                         |
| Type or print nameTamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE:505-326-9834   |   |                         |                                      |
| For State Use Only  |   | <b>-</b>                |                                      |
| ADDROVED DAY AA   | 1 ( C C C C C C C C C C C C C C C C C C |                         | DATE                                 |
| APPROVED BY: <u>F\CCQ\A</u><br>Conditions of Approval (if any   | W. COLOLO ILLE                          |                         | DATE                                 |
| Conditions of hipproval (it all)  | · \ . <                                 |                         |                                      |

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