Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
<u>District 1</u> Energy, Minerals and Natural Resources	June 16, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	3004534706
1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonto Eo. NIM 97505	STATE FEE S
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.FEE
87505 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	WILMUTH
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number 100S
1. Type of Well: Oil Well Gas Well Other	0.000
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP	9. OGRID Number 14538
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499	10. Pool name or Wildcat BASIN FRUITLAND COAL
4. Well Location	
Unit Letter_K : 1745' feet from the FSL line and 2510' feet from the FWL line	
Section 26 Township 031N Range 011W NMPM S	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5712' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB 📙
OTHER: OTHER:	FIRST-DELIVERY 01/27/10
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 <u>01/27/10</u> and produced natural gas and entrained hydrocarbons of <u>700 MCF</u> .	
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	DOUD FED 1310
TP: 564 CP: 566 Initial MCF: 700	RCVD FEB 1'10
Meter No.: 88788	OIL CONS. DIV.
Gas Co.: EFS	DIST. 3
Gas Co EFS	
I hereby certify that the information above is true and complete to the best of my knowledge	and haliof
i hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE TITLE Staff Regulatory Tech	DATE 01/20/10
Type or print nameTamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE:505-326-9834	
For State Use Only	
APPROVED BY:TITLE	DATE
APPROVED BY:TITLE Conditions of Approval (if any):	