Submit 3 Copies To Appropriate Form C-103 State of New Mexico District Office June 16, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30039206156 District II **OIL CONSERVATION DIVISION** 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM E-290-28 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 **SAN JUAN 28-6 UNIT** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 180 PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other 9. OGRID Number 14538 2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP 10. Pool name or Wildcat 3. Address of Operator **BLANCO MESAVERDE / BASIN DAKOTA P.O. BOX 4289, FARMINGTON NM 87499** 4. Well Location Unit Letter B 1840' feet from the FEL line : 1180' feet from the FNL line and NMPM RIO ARRIBA County NM **Township 006W**W Section 02 027N Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6331 'GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING □ COMMENCE DRILLING OPNS. P AND A TEMPORARILY ABANDON **CHANGE PLANS** П PULL OR ALTER CASING MULTIPLE COMPL \Box **CASING/CEMENT JOB** OTHER: **RE-DELIVERY** 06/24/10 OTHER: 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 more than 90 days due to waiting on swab rig. It was re-delivered on 06/24/10 produced an initial MCF of 400. TP: 456 CP: 456 Initial MCF: 400 **RCVD AUG 11'10** Meter No.: 87755 OIL CONS. DIV. Gas Co.: WFS DIST. 3 **Project Type: REDELIVERY** I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Regulatory Tech DATE 08/10/10 TITLE **SIGNATURE** Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: 505-326-9865 Type or print name For State Use Only For Vocord DATE Conditions of Approval (if any):