Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resource	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		2002020002
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	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 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	DIRITORIA DI TOTALI
PROPOSALS.)		8. Well Number 75E
	as Well 🛛 Other	
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP		9. OGRID Number 14538
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499		BASIN DAKOTA
4. Well Location		
Unit Letter G: 1595' feet from the FNL line and 1735' feet from the FEL line		
Section 23 Township 029N Range 007W NMPM RIO ARRIBA County NM		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
6231 ' GR		
12. Check Ap	propriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INT		SUBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL	
· · · · · · · · · · · · · · · · · · ·		CE DRILLING OPNS. P AND A EMENT JOB
FOLE ON ALTER CASING	MOETIFEE COMPE	EMENT JOB
OTHER:	OTHER:	RE-DELIVERY 11/23/10⊠
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.		
or recompletion.		
This well was shut in more than 90 days due to new drill, San Juan 29-7 Unit 75M. Returned to production on 11/23/10 produced an		
initial MCF of 565 .		
TP: 1250 CP: 1250	Initial MCF: 565	
Meter No.: 88342		RCVD DEC 20 '10
Wieter 110.: 00342		
Gas Co.: EFS		OIL CONS. DIV.
		DIST. 3
Project Type: REDELIVERY		
I hereby certify that the information ab	ove is true and complete to the best of my kno	wledge and belief.
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SIGNATURE Jan dess	TITI F Staff Danilator	v Tech DATE 12/14/10
SIGNATURE 1000 0 000	TITLE Staff Regulator	y 1001 DATE 12/14/10
Type or print nameTamra Sessions	E-mail address: sessitd@ConocoPhi	llips.com PHONE:505-326-9834
For State Use Only	_	
ADDROVED DV.	דודו ב	DATE
Conditions of Approval (if any):	TITLE	DATE
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