Submit 3 Copies To Appropriate State of New Mexico Form C-103 District Office June 16, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 3004531930 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. 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-5843-1 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 32-9 UNIT** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 201S PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 14538 2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP 3. Address of Operator 10. Pool name or Wildcat **P.O. BOX 4289, FARMINGTON NM 87499 BASIN FRUITLAND COAL** 4. Well Location Unit Letter I : 1820' feet from the FSL line and 815' feet from the FEL line 031N Range 009WSection 02Township NMPM SAN JUAN County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6537 '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 ALTERING CASING □ TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A \Box MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB OTHER: OTHER: RE-DELIVERY 12/07/10 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 was shut in more than 90 days due to downhole issues. Returned to production on 12/07/10 produced an initial MCF of 3. TP: 0 CP: 120 Initial MCF: 3 RCVD FEB 4'11 Meter No.: 1433701 OIL CONS. DIV. Gas Co.: COP **Project Type: REDELIVERY** DIST. 3 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Staff Regulatory Tech DATE 02/01/11 SIGNATURE Type or print name Tamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE: 505-326-9834 For State Use Only APPROVED BY: Occopied For RocordTITLE DATE Conditions of Approval (if any):