Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II			3003920475	
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410		-	STATE FEE S	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. FEE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Uni	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SAN JUAN 28-5 UNIT 8. Well Number 88	
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP			9. OGRID Number <b>14538</b>	
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_M_:_990	o'feet from theFSL	line and <b>800'</b>	feet from theFWL	line
Section 15 Township 028N Range 005W NMPM RIO ARRIBA County NM				
	11. Elevation (Show whether DR <b>6609 ' GR</b>	P, RKB, RT, GR, etc.)		
			The same of the sa	
12. Check A	ppropriate Box to Indicate N	Nature of Notice,	Report or Other Dat	a
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WOR	<del></del>	ERING CASING
TEMPORARILY ABANDON		· —	ND A	
TOLE ON ALTER CASING	MOETH LE COMPE	CASING/CLIVIEN	1308	
OTHER:		OTHER:	RE-DELIVERY 03	/02/11⊠
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 recompleted to the Mesaverde and is now producing as a downhole commingle MV/DK. Returned to production on $\underline{03/02/11}$ produced an initial MCF of 731 .				
TP: 676 CP: 556	Initial MCF: 731		RCVI	D MAR 4'11
Meter No.: 87437			OIL (	CONS. DIV.
Gas Co.: EFS				DIST. 3
Project Type: RECOMPLETE				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
0	,			
SIGNATURE ON SON	TITLE_SI	aff Regulatory Tech	DATE	03/03/11
Type or print nameTamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE:505-326-9834 For State Use Only				
APPROVED BY: ( ) O DIOLEAL	La Recoditite		DATE	· · ·
APPROVED BY: (1) Conditions of Approval (if any):				
•	The state of the s			