

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM.
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 16, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-045-35087
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. State Oil & Gas Lease No. FEDERAL SF-078316-E
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		7. Lease Name or Unit Agreement Name RIDDLE C LS
4. Well Location Unit Letter N : 1129' feet from the FSL line and 1322' feet from the FWL line Section 31 Township 031N Range 009W NMPM SAN JUAN County NM		8. Well Number 1C
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6524' GR		9. OGRID Number 14538
		10. Pool name or Wildcat BLANCO MESAVERDE / BASIN DAKOTA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **TEST ALLOWABLE GAS C104 CANCEL** ☒

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.

The completion process was changed from a gas recovery completion to a normal completion. A Test Allowable Gas C104 was submitted on **03/28/11** and approved on **04/11/11**. This is notice to cancel the Test Allowable Gas C104.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tam Sessions TITLE Staff Regulatory Tech DATE 04/28/11

Type or print name Tamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY [Signature] TITLE Line Manager II DATE _____
Conditions of Approval (if any):

