Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natural Resources		Jun 19, 2008	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		<b>30-039-30996</b> 5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE	FEE 🖂
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & G	
1220 S. St. Francis Dr., Santa Fe, NM 87505			SF-080712-A	
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			7. Lease Name or Unit Agreement Name San Juan 30-6 Unit	
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 51B	
2. Name of Operator			9. OGRID Number	
Burlington Resources Oil Gas Company LP			14538 10. Pool name or Wildcat	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			Blanco MV / Basin DK	
			Dianeo	THIV / DASIN DIX
4. Well Location		1' 1 000	6 . 6 . 4	T 4 1'
Unit Letter P: 1000				
Section 30		ange 6W		Arriba County
6857' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   PULL OR ALTER CASING   MULTIPLE COMPL   DOWNHOLE COMMINGLE   CASING/CEMENT JOB   CAS				
OTHER:		OTHER:		
	eted operations. (Clearly state all rk). SEE RULE 1103. For Multip			
It is intended to drill and complete the production will be commingled accor- provided after the well is completed, been notified in writing of this applic	ding to Oil Conservation Division Commingling will not reduce the	Order Number 113	63. Allocation and	l methodology will be
Proposed perforations are: MV - 385	1' - 6369'; DK - 8024' - 8273'	These perforations	are in TVD.	
As referenced in Order # R- 12866 interest owners were not re-notified.			1	RCVD APR 13'11 OIL CONS. DIV.
BR will use some form of the subtr	action method to establish an all	ocation for commi	igled wells.	DIST. 3
	HC 3586 AZ			
Spud Date:	Rig Rele	eased Date:		
I hereby certify-that the information a	bove is true and complete to the b	est of my knowledg	e and belief.	,
SIGNATURE	Dusse_title_	Staff Regulatory	Technician D	ATE <u>4/11/11</u>
Type or print name Brandie Blakl	ey E-mail address: bl	aklbn@conocophilli	ps.com PHONE	E:
For State Use Only		JPERVISOR DISTI	RICT#3	DATE MAY 2 4 2011
APPROVED BY: Aud Conditions of Approval (if any):	TITLE_			DATE Z ZUM

