

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, 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

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

Form C-103

Revised March 25, 1999

WELL API NO. 30-045-31074	
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
State Oil & Gas Lease No. B-10644-NM	
7. Lease Name or Unit Agreement Name: New Mexico Com N	
8. Well No. 100	
9. Pool name or Wildcat Basin Fruitland Coal	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other CBM

2. Name of Operator Burlington Resources Oil & Gas Company LP

3. Address of Operator PO Box 4289, Farmington, NM 87499

4. Well Location
Unit Letter A : 665 feet from the North line and 665 feet from the East line
Section 36 Township 30N Range 12W NMPM County San Juan

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Spud, casing, & cement <input checked="" type="checkbox"/>	

12. 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 recompilation.

9/27/02 MIRU. ND WH. NU BOP. PT BOP & csg to 600 psi/30 mins, OK. Drilling ahead.

9/28/02 Drill to TD @ 2135'. Circ hole clean. TOOH.

9/29/02 TIH w/49 jts 4-1/2" 10.5# J-55 ST&C csg, set @ 2133'. Cmt d w/165 sxs Premium Lite w/3% calcium chloride, 0.25 pps celloflake, 5 pps LCM-1, 0.4% FL-52, 0.4% sodium metasilicate, 8% gel (351 cu. ft.). Tail w/90 sxs Type 3 cmt w/1% calcium chloride, 0.2% FL-52, 0.25 pps celloflake (124 cu. ft.). Circ 13 bbls cmt to surface. ND BOP. NU WH. RD. Rig released.

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

SIGNATURE Peggy Cole TITLE Regulatory Supervisor DATE 10/1/02

Type or print name Peggy Cole Telephone No. (505) 326-9700

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: