Submit 3 Copies To Appropriate District	State of New M		1	Form C-103
Office District I	Energy, Minerals and Nat	tural Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			30-045-3079	7
1301 W. Grand Avenue, Artesia, NM 88210 UIL CONSERVATION DIVISION			5. Indicate Type	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE [FEE 🗹
District IV	Santa Fe, NM	87505		Gas Lease No.
1220 S. 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				r Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Allison Unit	
PROPOSALS.)				
1. Type of Well: Oil Well Gas Well	Other			
Name of Operator Burlington Resources Oil & Gas Company LP			8. Well No.	
			27B	
3. Address of Operator PO Box 4289, Farmington, NM 87499			9. Pool name or Wildcat Blanco Mesaverde	
4. Well Location				
Unit Letter_B : 660	feet from the North	line and _18	85 feet from	m the East line
00		Range 6W	NMPM	County San Juan
Section	0. Elevation (Show whether			County Gair Gaar
	6401' GR			
	ropriate Box to Indicate 1			
NOTICE OF INTE		1	SEQUENT RE	
PERFORM REMEDIAL WORK F	PLUG AND ABANDON	REMEDIAL WOF	«K 📙	ALTERING CASING
TEMPORARILY ABANDON (CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST A	ND	
OTHER:		OTHER:		
12. Describe proposed or complete	d operations. (Clearly state a	Il pertinent details, a	nd give pertinent date	es, including estimated date
of starting any proposed work). S	EE RULE 1103. For Multiple	Completions: Attac	ch wellbore diagram	of proposed completion
or recompilation.	- f	-A II		
Please extend our application	i for permit to drill the subje	ct well.		
			60007	
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			A	
$e + \epsilon$	Exp. 8-24	1-03	/ SEP 200	10 E)
APD ZXI	CXP. 8-09			
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			The same of the same	
I hereby certify that the information ab	pove is true and complete to th	e best of my knowle	ige and belief.	
SIGNATURE SEGUL		E Regulatory/Com		r _{DATE} 9/10/02
(/ / /				
Type or print name Peggy Cole	•			phone No. (505) 326-9700
(This space for the space of S	LEAGUN HEAALMAN	DEFETY BIL & S	S IMPROTOL CO.	SEP 1 1 200)
APPPROVED BY	TITLE		-	_DATEDATE
Conditions of approval, if any:				