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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. 2040 Pacheco St. DISTRICT II 30-025-31380 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 **DISTRICT III** 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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 Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Percha State 15 1. Type of Well: OIL WELL X GAS WELL 2. Name of Operator 8. Well No. Burlington Resources Oil & Gas Company 2Y 3. Address of Operator 9. Pool name or Wildcat P.O. Box 51810 Midland, TX 79710-1810 South Corbin Bone Spring Pool 4. Well Location Unit Letter 660' South Feet From The 1830' Line and Feet From The Line 15 Township 18S 33E Range Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3875.4 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: \_ OTHER: <u>Cease Operations</u> 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. Burlington Resources Oil & Gas Company requests approval for suspension of operations and production for this well. Due to the current low price of oil, this well is uneconomical to produce at this time. This well was shut-in on 2/1/99 because of economic conditions. This well was making 2 BOPD prior to shut-in date. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Technician TYPE OR PRINT NAME Maria Perez/cg TELEPHONE NO. (This space for State Use)

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: