Submit 3 Copies to Appropriate District Office

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-32837 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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.) Mule Deer '36' State 1. Type of Well: WELL X WELL | OTHER 2. Name of Operator 8. Well No. Burlington Resources Oil & Gas Company No. 1 3. Address of Operator 9. Pool name or Wildcat P.O. 51310, Midland, TX 79710-1810 4. Well Location Line and 1980' Feet From The East Unit Letter Feet From The Section 36 Range 32E Township 22S County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON CHANGE PLANS** CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: Downhole Commingled OTHER: 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. 10/18/96: MIRU. 10/19/96: Drid out CIBP @ 8750'. Chased to 8938' (PBTD) 10/20/96: Landed tbg @ 8953'. TIH w/25' x 1 1/4" pump. Turned to production. TD@ 9018' Bone Spring perfs: 8816'-8860' Delaware perfs: 8472'-8611' West Red Tank Delaware: 50% Oil/30% Gas Red Tank Bone Spring: 50% Oil/70% Gas I hereby certify that the information above is true and complete to the best of my knowledge and belief. **TITLE Regulatory Assistant** DATE 10/28/96 SIGNATURE TYPE OR PRINT NAME Donna Williams TELEPHONE NO. 915-688-6943 ORIGINAL SIGNED BY (This space for State Use) GARY WINK FIELD REP. II

TITLE