Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St. Artesia NM 88210 HOBBSOIL CONSERVATION DIVISION	30-025-02180
811 S. First St., Artesia, NM 88210 HOBP OIL CONSERVATION DIVISION District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 UN 2020 South St. Francis Dr. Santa Fe. NM 87505	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 MAY 2 0 2010 South St. 17411615 D1. Santa Fe, NM 87505	STATE     FEE       6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	002360
87505 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.)	State Vacuum Unit 8. Well Number 17
1. Type of Well: Oil Well Gas Well Other -Injection	
2. Name of Operator Burgundy Oil & Gas of New Mexico, Inc.	9. OGRID Number 003044
3. Address of Operator	10. Pool name or Wildcat
401 W. Texas Ave., Suite 1003 Midland, TX 79701	Vacuum; Grayburg-San Andres
4. Well Location Unit Letter M : 990 feet from the South line and	990 feet from the West line
Unit Letter       M       : 990       feet from the       South       line and         Section       32       Township       17 S       Range       34 E	990feet from theWestline NMPM Lea County
11. Elevation <i>(Show whether DR, RKB, RT, GR, et</i>	
4078' GR	
12. Check Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE D         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEME	RILLING OPNS. P AND A
CLOSED-LOOP SYSTEM	
OTHER: OTHER: F 13. Describe proposed or completed operations. (Clearly state all pertinent details, a	Req. UIC Test for OCD District 1
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
1. Tested pkr to 560# on 04/25/16	
2. Bradenhead test witnessed by OCD – Carl Flowers	
Spud Date: Rig Release Date:	
Spud Date.	
I hereby certify that the information above is true and complete to the best of my knowled	lge and belief. CF
SIGNATURE may ampbell TITLE Production Accounts	antDATE05/17/2016
Type or print nameCindy CampbellE-mail address:ccampbell.l	bogi@att.net PHONE: _432-684-4033
For State Use Only	
APPROVED BY: Sel Semanah TITLE Staff Man	DATE 5-25.16
Conditions of Approval (if any):	
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