Submit 1 Copy To Appropriate District State of New Mexico		Form C-103
Office District J - (575) 393-6161 Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283		WELL API NO. 30-025-29865
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease
107/10 Nonto Vo NEA VISUS		STATE x FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 2019		SW-407
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Airpath AEM State #1 SWD
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		-
1. Type of Well: Oil Well Gas Well x Other		8. Well Number 1
2. Name of Operator Burns Xpress, LLC		9. OGRID Number 371003
3. Address of Operator PO Box 1244 701 E Ave D		10. Pool name or Wildcat
Lovington NM 88260		
4. Well Location		
Unit Letter P : 660 feet from the south line and 660 feet from the east line		
Section 8 Township 18S Range NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS		
PULL OR ALTER CASING MULTIPLE COMPL OWNHOLE COMMINGLE	CASING/CEMENT	JOB 🗌
OTHER:	OTHER:	
x Replace Packer 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		- =4,
MIRU PU		, t
RU lay down machine		
Valaaca Um U(V)U lat datta X 14 tha		on of Approval: notify
PU 2 3/8 PHG WS to clean out hole. OCD		lobbs office 24 hours
RU Reverse Unit		nniu - MIT Test & Chart
Clean out bottom. POOH lay down work string. RIH w/ 5 ½ x 2/7/8 packer 2.313 x SS on/off tool w/production tbg	-	
Test Packer and Tbg		
Turn well back to injection.		
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Rig Release Date:

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

Kenyon BUCOS E-mail address: Kerryo-bucoslogue,] PHONE: 575-973.4850 en forthe TITLE Compliance Office Address 3-1-19 Fany: SIGNATURE Type or print name _ For State Use Only APPROVED BY: <u>Years</u> Conditions of Approval (if any):