

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-06195
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 015823
7. Lease Name or Unit Agreement Name Eunice Monument Unit
8. Well Number 15
9. OGRID Number 003044
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other -Injection

2. Name of Operator  
Burgundy Oil & Gas of New Mexico, Inc.

3. Address of Operator  
505 N. Big Spring St., Suite 603 Midland, TX 79701

4. Well Location  
Unit Letter E : 1980 feet from the North line and 660 feet from the West line  
Section 20 Township 20 South Range 37 East NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3535' DF

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Req. MIT Test	

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.

1. Tested tbg & pkr to 410# on 09/19/19
2. Passed bradenhead test
3. Active injector

Spud Date:

Rig Release Date:

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

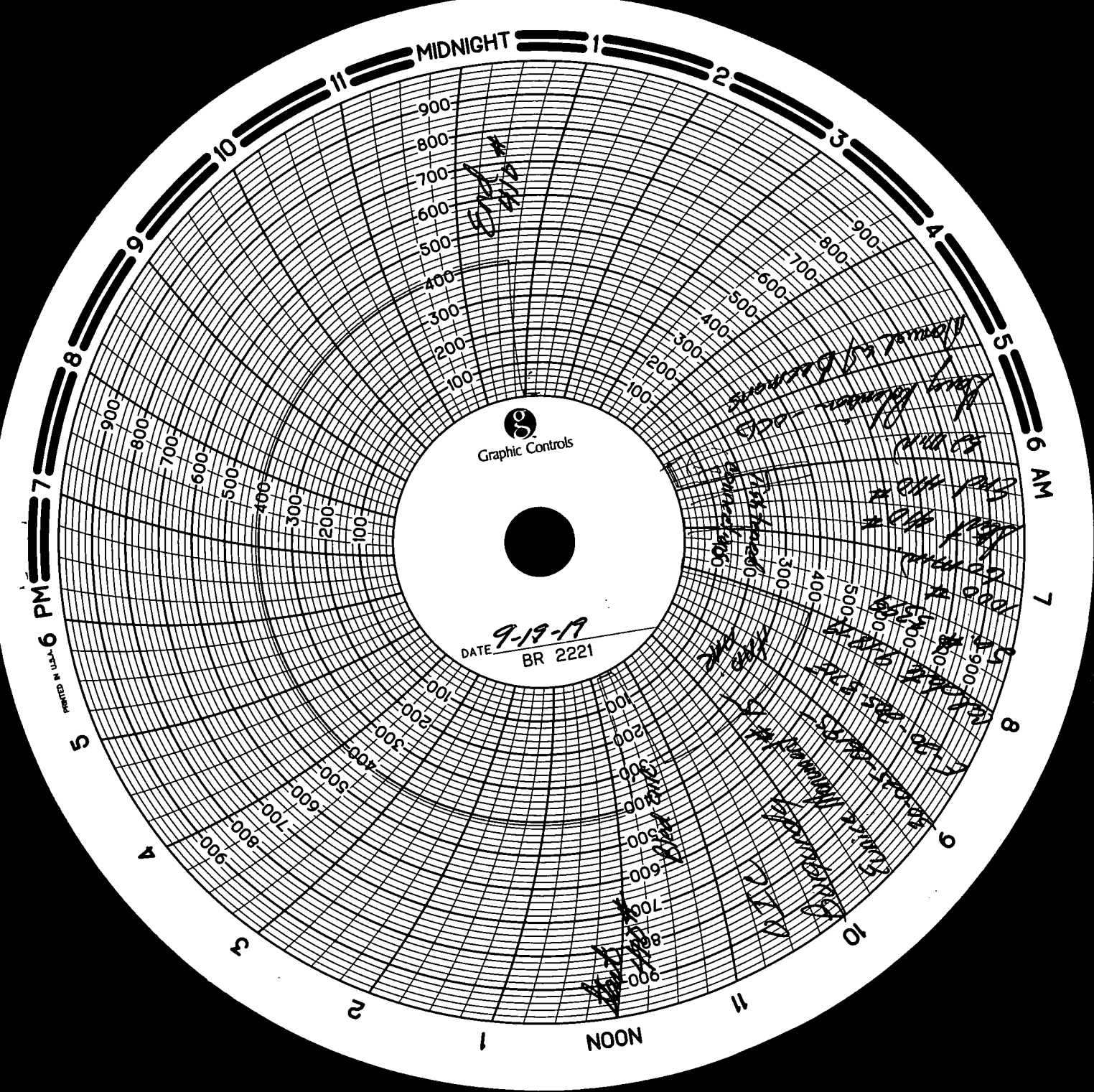
SIGNATURE Cindy Campbell TITLE Production Accountant DATE 10/21/2019

Type or print name Cindy Campbell E-mail address: ccampbell.bogi@att.net PHONE: 432-684-4033

For State Use Only

APPROVED BY: Shay Johnson TITLE CO-A DATE 10-25-19

Conditions of Approval (if any):



**HOBBS OCD**

OCT 23 2019

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <i>Burgundy</i>		API Number <i>30-025-06195</i>	
Property Name <i>Eunice Monument</i>		Well No. <i>#15</i>	

**2. Surface Location**

UL - Lot <i>E</i>	Section <i>20</i>	Township <i>20S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LEA</i>
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**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <i>9-19-19</i>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>1150</i>
<b>Flow Characteristics</b>					
Puff	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	CO2
Steady Flow	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	WTR
Surges	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	GAS
Down to nothing	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	Injected for
Water	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*MIT*

Signature: <i>Cindy Campbell</i>		OIL CONSERVATION DIVISION	
Printed name: <i>C Campbell</i>		Entered into RBDMS	
Title: <i>Prod. Acct.</i>		Re-test	
E-mail Address: <i>ccampbell@burgundy-oil.com</i>			
Date: <i>9/19/19</i>	Phone: <i>505-32-1284-4033</i>		
Witness: <i>Ray Johnson</i>			

INSTRUCTIONS ON BACK OF THIS FORM