

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.<br>30-025-02159  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>002360  |
| 7. Lease Name or Unit Agreement Name<br>State Vacuum Unit   |
| 8. Well Number 11   |
| 9. OGRID Number<br>003044   |
| 10. Pool name or Wildcat<br>Vacuum; Grayburg-San Andres   |

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

|   |
|---|
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other -Injection  |
| 2. Name of Operator<br>Burgundy Oil & Gas of New Mexico, Inc.   |
| 3. Address of Operator<br>505 N. Big Spring St., Suite 603 Midland, TX 79701  |
| 4. Well Location<br>Unit Letter <u>I</u> : <u>2310</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line<br>Section <u>31</u> Township <u>17 South</u> Range <u>34 East</u> NMPM Lea County |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>4076' GL  |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Passed BHT ☒

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. Passed BHT on 12/02/2019
2. Witnessed by OCD - Gary Robinson

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 01/23/2020

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

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 1-28-20  
Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

|  |  |                                   |  |
|--|--|-----------------------------------|--|
| Operator Name<br><i>Burgundy Oil &amp; Gas</i> |  | API Number<br><i>30-025-02159</i> |  |
| Property Name<br><i>STATE VACUUM</i>           |  | Well No.<br><i>#11</i>            |  |

2. Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>I</i> | Section<br><i>21</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>2910</i> | N/S Line<br><i>S</i> | Feet From<br><i>350</i> | E/W Line<br><i>E</i> | County<br><i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|  |  |  |   |                        |
|--|--|--|---|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input checked="" type="radio"/> SWD <input type="radio"/> | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><i>12-2-19</i> |
|--|--|--|---|------------------------|

OBSERVED DATA

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

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

*Surf. csg. open for 2 days & did not blow gas  
or any water*

*PASSED  
BAT*

|   |                            |                            |  |
|---|----------------------------|----------------------------|--|
| Signature: <i>Cindy K. Campbell</i>               |                            | OIL CONSERVATION DIVISION  |  |
| Printed name: <i>Cindy K. Campbell</i>            |                            | Entered into RBDMS         |  |
| Title: <i>Production Accountant</i>               |                            | Re-test <i>[Signature]</i> |  |
| E-mail Address: <i>ccampbell@burgundy-oil.com</i> |                            |                            |  |
| Date: <i>12/2/19</i>                              | Phone: <i>432-684-1933</i> |                            |  |
| Witness: <i>Gary Kelsen</i>                       |                            |                            |  |

INSTRUCTIONS ON BACK OF THIS FORM