Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-07752

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Skaggs Grayburg Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ XOTHER Shut in injector

2. Name of Operator
BURGUNDY OIL & GAS OF NEW MEXICO, INC.

8. Well No.
9

3. Address of Operator
401 W. TEXAS, SUITE 1003, MIDLAND, TX 79701-4413

9. Pool name or Wildcat
Skaggs Grayburg

4. Well Location
Unit Letter M : 666 Feet From The West Line and 660 Feet From The South Line

Section 7 Township 20S Range 38E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3575' KB

11. 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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: MIT for shut in well ☒	

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.

6-20-97 Perform MIT per OCD R&R for shut in status. Well has tbg and packer still in hole. Shut in waiting for evaluation pending further use as an injector. Tested backside for 30" to 600#, surface casing pressure 0#.

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

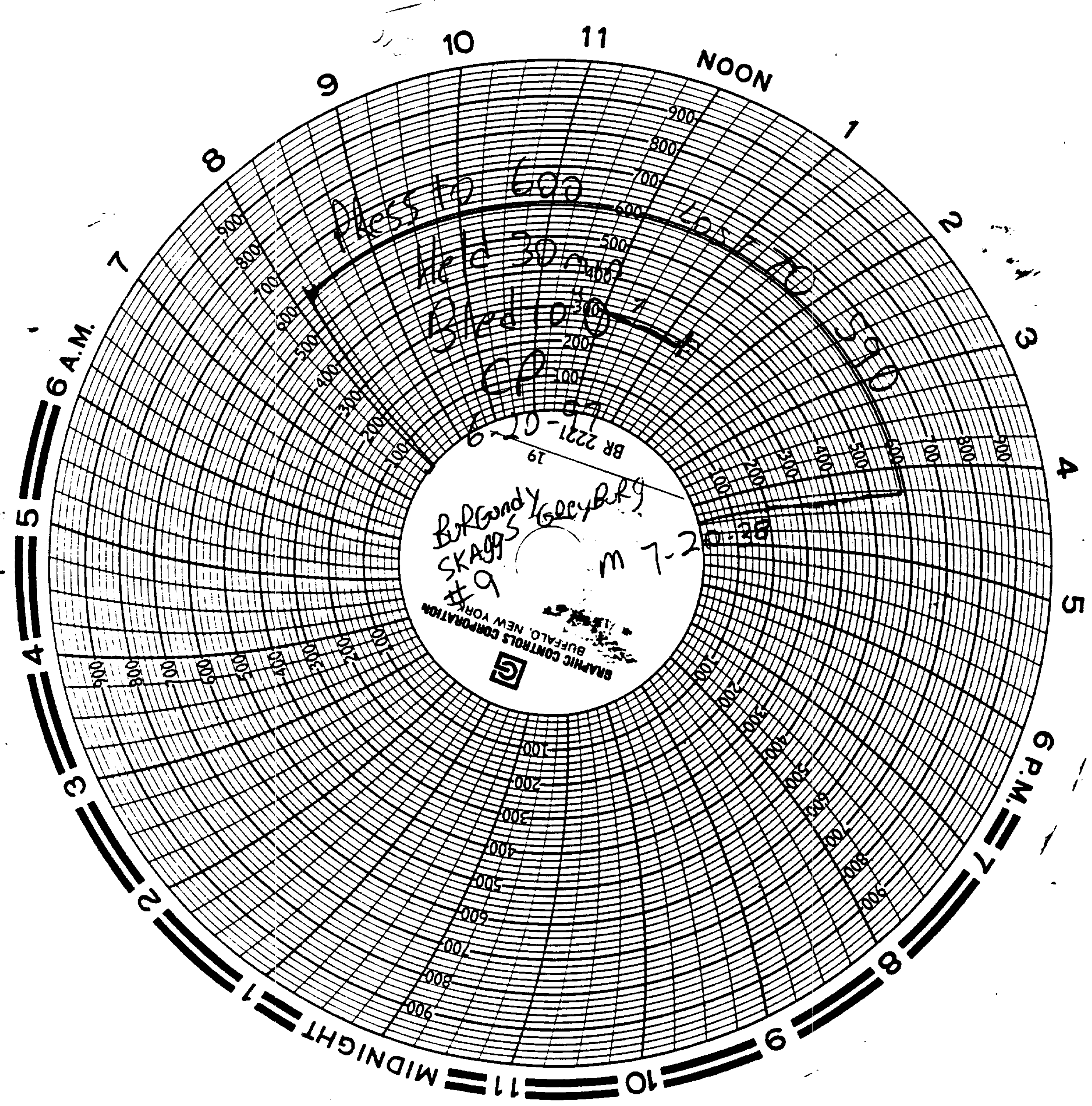
SIGNATURE Ben Taylor TITLE Production Manager DATE 9/24/97

TYPE OR PRINT NAME Ben D. Taylor (915) 684-4033 TELEPHONE NO.

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE OCT - 8 1997

CONDITIONS OF APPROVAL, IF ANY:



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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
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Burgundy
SKAGGS
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