

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

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

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON HOBBS OGD (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator BURK ROYALTY CO., LTD. 3. Address of Operator P O BOX 94903, WICHITA FALLS, TX 76308-0903 4. Well Location Unit Letter __: 2310 __ feet from the __ NORTH __ line and __ 1650 feet from the __ WEST __ line Section 35 Township 20.0S Range 34.0E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3749 '		WELL API NO. 30-025-02506 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. SM-02127-A 7. Lease Name or Unit Agreement Name W H MILNER FEDERAL 8. Well Number 3 9. OGRID Number 003053 10. Pool name or Wildcat LYNCH YATES SEVEN RIVER -#42370
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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 checked="" 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 type="checkbox"/>	

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.

Due to the increased oil and gas activity in the area, Burk is experiencing difficulty scheduling sufficient reclamation work and respectfully request an extension.

Spud Date:

Rig Release Date:

SUBJECT TO LIKE
APPROVAL BY BLM

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

SIGNATURE

TITLE SR VICE PRESIDENT, OPERATIONS DATE 08/01/2019

Type or print name STEPHEN R STULTS

E-mail address: shirleyb@burkroyalty.com PHONE: 940/397-8600

For State Use Only

APPROVED BY:

TITLE

C. O.

A

DATE

9-20-19

Conditions of Approval (if any):

FOR RECORD ONLY