

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 87506

WELL API NO. 30-025-06093
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 015824
7. Lease Name or Unit Agreement Name Skaggs Grayburg Unit
8. Well Number 12
9. OGRID Number 003044
10. Pool name or Wildcat Skaggs; Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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 C : 662 feet from the North line and 1980 feet from the West line
Section 13 Township 20 South Range 37 East NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3566' 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: Required MIT Test <input checked="" 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.

1. Test tbg & pkr to 400# on 09/19/19
2. Pass 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 _____ E-mail address: ccampbell.bogi@att.net PHONE: 432-684-4033
For State Use Only

APPROVED BY: Mary Blomquist TITLE CO-A DATE 10-25-19
Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE

9-19-19

BR 2221

PRINTED IN U.S.A.

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*Start 400**

USE

Burgundy

SK995 #12

30-225-06093

15-205-30093

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

BRADENHEAD TEST REPORT

Operator Name Burgundy		API Number 30-015-06093	
Property Name Skaggs		Well No. #12	

1. Surface Location

UL - Lot C	Section 13	Township 20S	Range 37E	Feet from 662	N/S Line N	Feet From 1980	E/W Line W	County LEA
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE 9-19-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	N/A	N/A	N/A	0	No Gauge
Flow Characteristics					
Puff	Y / (N)	Y / N	Y / N	Y / (N)	CO2
Steady Flow	Y / (N)	Y / N	Y / N	Y / (N)	WTR
Surges	Y / (N)	Y / N	Y / N	Y / (N)	GAS
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / (N)	Y / N	Y / N	Y / (N)	
Water	Y / (N)	Y / N	Y / N	Y / (N)	

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

**UIC
MIT**

Signature: Cindy Campbell		OIL CONSERVATION DIVISION	
Printed name: Cindy Campbell		Entered into RBDMS	
Title: Prod. Asst.		Re-test	
E-mail Address: ccampbell@burgundy-oil.com			
Date: 9/19/19	Phone: 432-684-4033		
Witness: Ray Johnson			

INSTRUCTIONS ON BACK OF THIS FORM