

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

JUN 14 2010

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ☒
30-025-061725. Indicate Type of Lease ☒STATE ☒ FEE ☐6. State Oil & Gas Lease No.
0158237. Lease Name or Unit Agreement Name
Eunice Monument Unit ☒8. Well Number 21 ☒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

401 W. Texas Ave., Suite 1003, Midland, TX 79701

4. Well Location

Unit Letter _____ L _____ : _____ 2310 _____ feet from the _____ South _____ line and _____ 330 _____ feet from the _____ West _____ line

Section 19 Township 20S Range 37E NMPM Lea County ☒11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3549' DF

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☐OTHER: Request 5 yr TA Status ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Paul Musslewhite Trucking Co., Ltd. ran OCD 30" MIT to 560# on 01/20/2010.

Request ~~5 yr~~ TA Status pending further use as an injector.

2 yrs only

This Approval of Temporary
Abandonment Expires 1-20-2012

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 K. Campbell

TITLE

Production Accountant

DATE

06/10/2010

Type or print name Cindy K. CampbellE-mail address: ccampbell@t3wireless.comPHONE: 432-684-4033

For State Use Only

APPROVED BY:

[Signature]

TITLE

STAFF MGR

DATE

6-16-10

Conditions of Approval (if any):

X.M.

