

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.	30-025-02459 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	LC-066126-C
7. Lease Name or Unit Agreement Name	CRUCES FEDERAL ✓
8. Well Number	003
9. OGRID Number	3053
10. Pool name or Wildcat	YATES/SEVEN RIVERS

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 **SALT WATER DISPOSAL**
 HOBS OGD

2. Name of Operator
 BURK ROYALTY CO., LTD.

3. Address of Operator
 P.O. BOX 94903, WICHITA FALLS, TX 76308
 JAN - 3 2014

4. Well Location
 Unit Letter N : 330 feet from the SOUTH line and 1655 feet from the WEST line
 Section 26 Township 20S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3725' GL

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: REQUIREMENT FOR UIC PROGRAM <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.

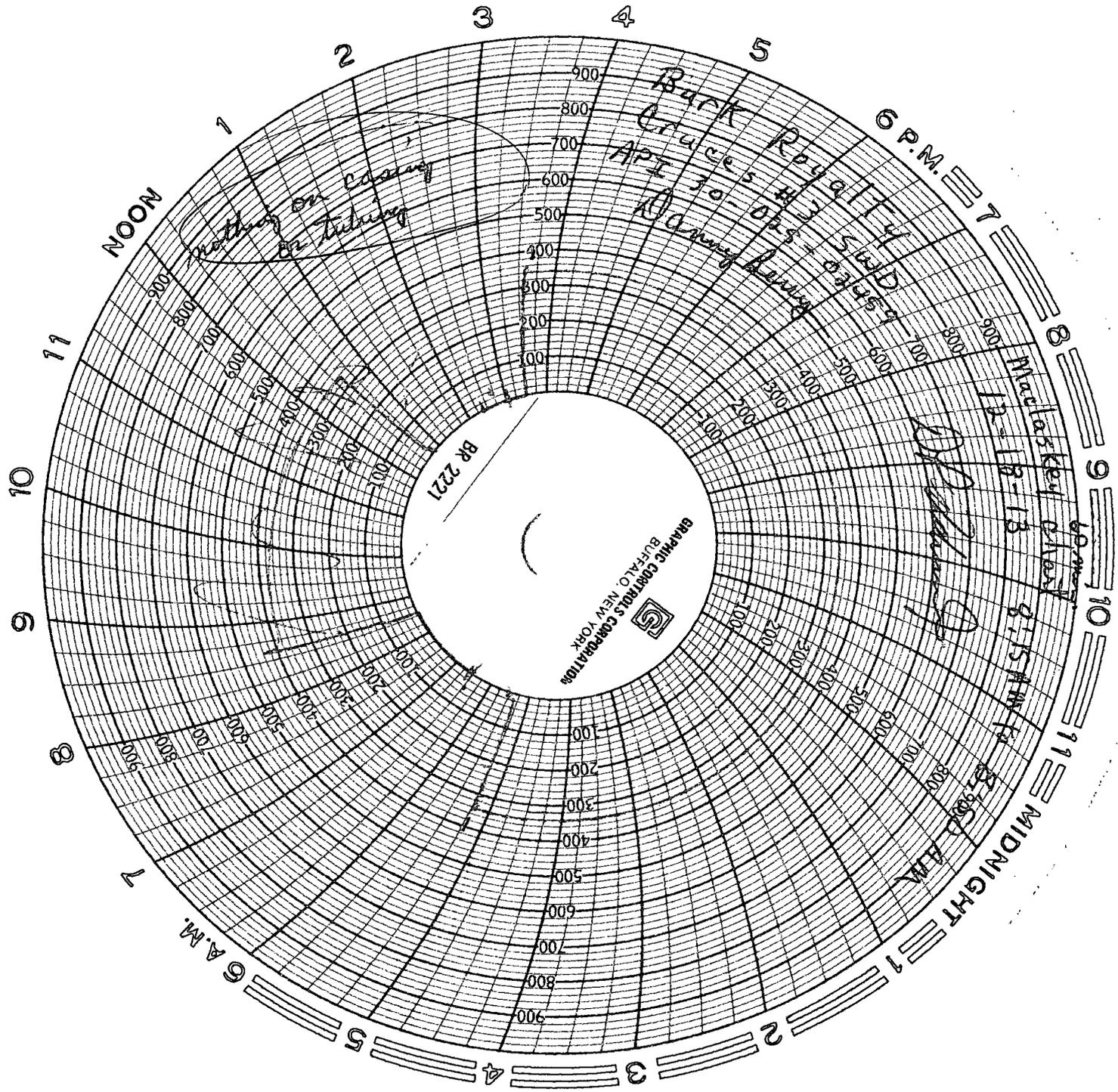
AS STATED IN YOUR LETTER OF NOVEMBER 27, 2013, THE REQUIRED ANNUAL MECHANICAL INTEGRITY TEST WAS PERFORMED 12-18-2013 TO COMPLY WITH THE UNDERGROUND INJECTION CONTROL PROGRAM (UIC) FOR YEAR ENDING 2013. A COPY OF THE PRESSURE TEST CHART INDICATING THE TEST MET REQUIREMENTS IS ATTACHED.

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 J. H. Bear TITLE PETROLEUM ENGINEER DATE 12/31/2013
 Type or print name JON H. BEAR E-mail address: diana@burkroyalty.com PHONE: 940-397-8638
For State Use Only
 APPROVED BY: Maley Brown TITLE Compliance Officer DATE 1/6/2014
 Conditions of Approval (if any): JAN 13 2014



✓