

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  
**HOBBS OGD**  
OIL CONSERVATION DIVISION  
1020 South St. Francis Dr.  
Santa Fe, NM 87505  
JAN 10 2014

Form C-103  
Revised July 18, 2013

RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-02501
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SALT WATER DISPOSAL</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BURK ROYALTY CO., LTD.		6. State Oil & Gas Lease No. 00284
3. Address of Operator P.O. BOX 94903, WICHITA FALLS, TX 76308		7. Lease Name or Unit Agreement Name NEAL
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>993</u> feet from the <u>EAST</u> line Section <u>35</u> Township <u>20S</u> Range <u>34E</u> NMPM LEA County		8. Well Number <u>003</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3726' GL		9. OGRID Number <u>3053</u>
		10. Pool name or Wildcat 96090 YATES

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.

WELL DID NOT PASS PRESSURE TEST. PLANS ARE TO REPAIR THIS WELL AND START BACK UP. IF UNABLE TO REPAIR, PLANS ARE TO PLUG. WE WILL BE UNABLE TO DETERMINE WHAT MUST BE DONE UNTIL WE ARE ABLE TO ENTER THE WELLBORE. AS TO TIMING - WORKOVER RIGS ARE SCARCE IN THIS AREA AND IT WILL DEPEND ON SECURING A RIG. WE WILL BE IN PHONE CONTACT WITH YOU BEFORE ANY WORK IS COMMENCED.

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

*JH 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:

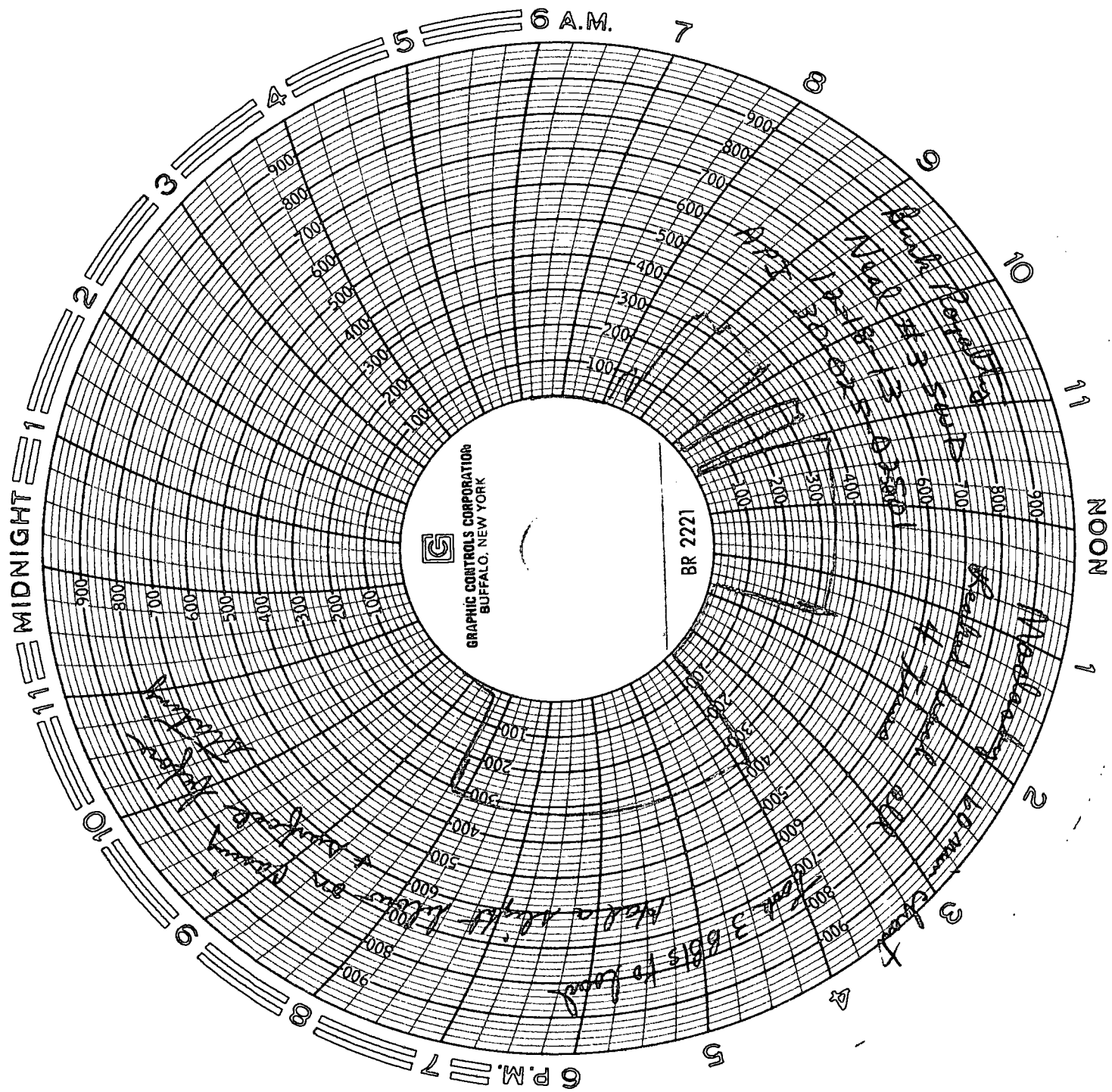
Accepted for Record Only

Conditions of Approval (if any):

*MSB 1/6/2014*

DATE

JAN 14 2014



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