

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. 30-025-02168
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 002360
7. Lease Name or Unit Agreement Name State Vacuum Unit
8. Well Number 7
9. OGRID Number 003044
10. Pool name or Wildcat Vacuum; 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 E : 1980 feet from the North line and 660 feet from the West line
Section 32 Township 17 South Range 34 East NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4074' TC

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Return to injection ☒

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. Tested tbg & pkr to 550# on 10/07/14
2. Lay injection lines; make all tie-ins
3. Ready for injection 11/07/14

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 11/18/2014

Type or print name Cindy Campbell E-mail address: ccampbell.bogi@att.net PHONE: 432-684-4033

For State Use Only

APPROVED BY: Bill L. Lamm TITLE Staff Manager DATE 11/20/2014

Conditions of Approval (if any):

NOV 25 2014

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON

2

3

4

Graphic Controls



DATE 10/17/14

BR 281

Dulles

State

30-025-02162

Sec 32 T-15-2346

Cal.B. DATE 1/25/14

1000 #

Start- 550 H

End- 650 H

32-025-02162

32-025-02162

32-025-02162

Service

BSA/201/2014

FOR RECORD ONLY