Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		WELL API NO.	sed July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-06079	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE _ FE	E 🛛
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No 015824	).
87505 SUNDRY NOT	TICES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agre	eement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Skaggs Grayburg Unit		
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other -Injection		8. Well Number 5	
2. Name of Operator	ico, Inc. / NOV 1 9 2014		9. OGRID Number	
Burgundy Oil & Gas of New Mex	ico, Inc. NOV 19 201		003044	
3. Address of Operator	10. Pool name or Wildcat			
401 W. Texas Ave., Suite 1003	Midland, TX 79701	RECEIVED	Skaggs; Grayburg	
4. Well Location				
Unit LetterM	:660feet from theSou			
Section 12		South Range 37 East		County
and the state of t	11. Elevation (Show whether	DR, RKB, RT, GR, etc.)		
	3567' DF		A STATE OF THE STA	
12. Check	Appropriate Box to Indicat	e Nature of Notice, l	Report or Other Data	
NOTICE OF I	NITENITION TO:	l QUID	SECUENT DEDOOT C	\E.
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING		CASING/CEMENT	<del></del> -	<del></del>
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM		071150		<b>5</b> −7
OTHER:	pleted operations. (Clearly state		Required MIT Test	a actimated data
	ork). SEE RULE 19.15.7.14 N			
proposed completion or re				-B
1. Test tbg & pkr to 545# on 10/06/14				
<ol><li>Pass Bradenhead test</li></ol>				
<u></u>				
Smud Data	Rig Releas	no Doto:		
Spud Date:	Rig Releas	de Date.		
I hereby certify that the information	shove is true and complete to t	ha hest of my knowledge	and belief	
Thereby certify that the information	1 above is true and complete to t	ne dest of my knowledge	and other.	=
	1 . 1			•
SIGNATURE   moly an	nobell TITLE	_Production Accountant	DATE_11/18/20	14
		, , , , ,	O II A DITON	<b>L</b>
Type or print name	E-mail ad	dress:ccampbell.bogi	@att.net PHONE: _432-6	684-4033 <b>a</b>
For State Use Only	, ()	04.0	,	. ≥
APPROVED BY: / Self	Somansk TITLE	Stuff Warbage	er DATE 1/2	Fol 2014 2
Conditions of Approval (if any):			CORD ONLY	
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