

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

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.)		WELL API NO. 30-025-06093
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other -Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Burgundy Oil & Gas of New Mexico, Inc.		6. State Oil & Gas Lease No. 015824
3. Address of Operator 401 W. Texas Ave., Suite 1003 Midland, TX 79701		7. Lease Name or Unit Agreement Name Skaggs Grayburg Unit
4. Well Location Unit Letter C : 662 feet from the North line and 1980 feet from the West line Section 13 Township 20 South Range 37 East NMPM Lea County		8. Well Number 12
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' DF		9. OGRID Number 003044
		10. Pool name or Wildcat Skaggs; Grayburg

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 active 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. Test tbg & pkr to 540# on 10/06/14
2. Pass bradenhead test
3. Return to injection 11/01/14

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

E-mail address: ccampbell.bogi@att.net

PHONE: 432-684-4033

For State Use Only

APPROVED BY:

Bill Bernanah

TITLE

Staff Manager

DATE

11/20/2014

Conditions of Approval (if any):

NOV 25 2014

