

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

<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.) <b>HOBBS OCD</b>		WELL API NO. 30-025-06069 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other -Injection		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 <u>I</u> : <u>660</u> feet from the <u>East</u> line and <u>1980</u> feet from the <u>South</u> line Section <u>12</u> Township <u>20 South</u> Range <u>37 East</u> NMPM Lea County		8. Well Number <u>3</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' KB		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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Req. UIC Test for OCD Dist. 1/Return to Injection <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.

1. TOH w/ pkr
2. TIH w/ IPC tbg & pkr testing to 500#
3. Circ pkr fluid – set pkr @ 3717'
4. NU WH – install all surface valves & meter
5. Tested pkr to 520# on 02/10/15
6. Witnessed by OCD – George Bower

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 09/10/2015

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

**For State Use Only**

APPROVED BY: Bill Semanar TITLE Staff Manager DATE 9/24/2015

Conditions of Approval (if any):

SEP 25 2015

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