

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
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-32960	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 310008	
7. Lease Name or Unit Agreement Name State "J" Gas Com	<input checked="" type="checkbox"/>
8. Well Number 8	<input checked="" type="checkbox"/>
9. OGRID Number 003044	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Eumont; Yates-7 Rvrs-Queen Gas	

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 **HOBBS OCD**

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 **O** : **990** feet from the **S** line and **2193** feet from the **E** line
 Section **2** Township **20 South** Range **36 East** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3587' GR

RECEIVED
MAR 31 2016

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>
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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.

03/21/16 MIRU plugging equipment, dug out cellar, ND wellhead, and NU BOP. TIH w/ tbg to 3279'. Spotted 35 sx cmt @ 3279-2933. 03/22/16 Tagged plug @ 2827'. Circulated hole w/ salt gel. Pressure tested csg @ 500 psi. Spotted 25 sx 2350-2103'. Spotted 25 sx @ 1150-903'. ND BOP. Pumped 50 sx @ 462 and circulated to surface. Rigged down, cleaned location. 03/23/16 Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen, cleared location, and moved off.

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 *Ben Montgomery* TITLE Agent DATE 3/28/16
 Type or print name Ben Montgomery E-mail address: benmontgomery@bma.com PHONE: 432-580-7161
For State Use Only
 APPROVED BY: *Mark Whitaker* TITLE P.E.S. DATE 03/31/2016
 Conditions of Approval (if any):

MAR 31 2016