Submit 1 Copy To Appropriate District State of New Mexico Office	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 BS OCD District II – (575) 748-1283 HOBBS OCD OIL CONSERVATION DIVISION	30-025-02173
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Pio Prozos Pd Artec NM STAN 2 U LUIU	STATE FEE
<u>District IV</u> $-(505)$ 476-3460 Salita FC, INIVI 87505	6. State Oil & Gas Lease No. 002360
87505 RECEIVED	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State Vacuum Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other -Injection	8. Well Number 15
2. Name of Operator	9. OGRID Number
Burgundy Oil & Gas of New Mexico, Inc.	003044
3. Address of Operator	10. Pool name or Wildcat
401 W. Texas Ave., Suite 1003 Midland, TX 79701	Vacuum; Grayburg-San Andres
4. Well Location Unit Letter I : 1980 feet from the South line and	660 feet from the East line
Unit Letter I 1980 feet from the South line and Section 32 Township 17 S Range 34 E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
4057' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	Т ЈОВ
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
	eq. UIC Test for OCD District 1
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.	inprotonisi. Treaten wentoore anagrain or
1. Tested pkr to 575# on 04/25/16	
 Pested pki to 575# on 04/25/10 Bradenhead test witnessed by OCD – Carl Flowers 	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief. CF
SIGNATURE May ampell TITLE Production Accountant	ntDATE05/17/2016
Type or print nameCindy CampbellE-mail address:ccampbell.bd	ogi@att.net PHONE: _432-684-4033
For State Use Only	
APPROVED BY: Bill Somamon TITLE Staff Man	DATE 5.25.15
Conditions of Approval (if any):	/

