

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

RECEIVED
MAR 16 2017
HOBBBS OCD

WELL API NO. 30-025-06067	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 015824	
7. Lease Name or Unit Agreement Name Skaggs Grayburg Unit	
8. Well Number 1	
9. OGRID Number 003044	
10. Pool name or Wildcat Skaggs; Grayburg	
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other -Injection	
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 <u>K</u> : <u>1985</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>12</u> Township <u>20 S</u> Range <u>37 E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3569' KB	

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: Req. 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.

1. Tested pkr to 545# on 02/14/17
2. Bradenhead test witnessed by OCD - Kerry Fortner

Spud Date:

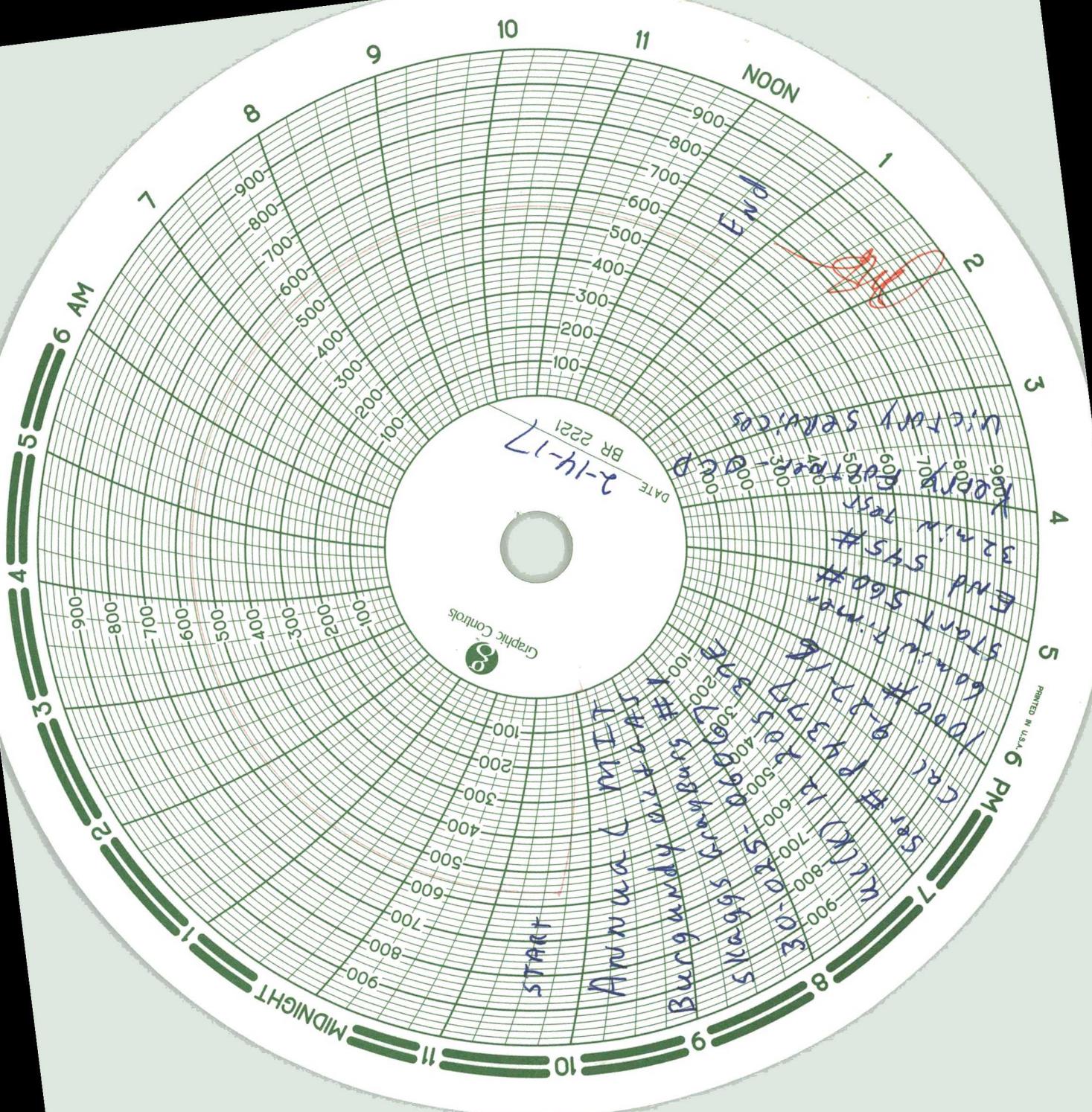
Rig Release Date:

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 03/08/2017

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

For State Use Only
 APPROVED BY: [Signature] TITLE Compliance Office DATE 3/20/17
 Conditions of Approval (if any):



Graphic Controls

DATE 2-14-17
BR 2221

START

Annua MIT

Burgundy all years

Skaggs Grayburg #1

30-025-0650

30-025-0707

30-025-0716

1000 # 1000

600 # 200

600 # 200

Start 560 #

End 545 #

32 min test

Keep battery - dead

Victory services

End

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