

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

HOBBS OCD
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
MAR 16 2017

WELL API NO. 30-025-06167
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 015823
7. Lease Name or Unit Agreement Name Eunice Monument Unit
8. Well Number 30
9. OGRID Number 003044
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3532' GR

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 -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 O : 1980 feet from the East line and 660 feet from the South line
 Section 19 Township 20 S Range 37 E NMPM Lea County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Req. UIC Test for OCD District 1 <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. Tested pkr to 645# 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: George Bowen TITLE Compliance Officer DATE 3/20/17
 Conditions of Approval (if any):

PRINTED IN U.S.A.

Graphic Controls

DATE BR 2221
2-14-17

Starts

Ammoniac M.F.T.

Bullfinch 0-12 + GAS OF PM

Evening 0-10 + GAS OF PM

30-025-06167

19-205-57E

Cal P 4377

1000H

Start 645H

End 645H

2 min

Kerry Fortner - OED

Victory Services

[Handwritten signature]

End

