

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

HOBBS OCD
 AUG 09 2018
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State of New Mexico
 Energy, Minerals and Natural Resources
 WILDLIFE CONSERVATION DIVISION
 100 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Salt water disposal</p> <p>2. Name of Operator BURK ROYALTY CO., LTD.</p> <p>3. Address of Operator P O BOX 94903, WICHITA FALLS, TX 76308</p> <p>4. Well Location Unit Letter <u>N</u> : <u>330</u> feet from the <u>South</u> line and <u>1655</u> feet from the <u>West</u> line Section <u>26</u> Township <u>20S</u> Range <u>34E</u> NMPM <u>Lea</u> County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3725' GL</p>	<p>WELL API NO. 30-025-02459</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No. 031668 LC-066126-C</p> <p>7. Lease Name or Unit Agreement Name Cruces Federal</p> <p>8. Well Number <u>3</u></p> <p>9. OGRID Number 3053</p> <p>10. Pool name or Wildcat Lynch; Yates-Seven Rivers</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Requirement for UIC Program</p>
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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.

As stated in your letter of January 3, 2018; the required annual mechanical integrity test was preformed 7/31/2018 to comply with the underground injection control program (UIC) for year ending 2018. A copy of the pressure test charts indicating the test met requirements is attached.

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 *Rob Hyde* TITLE Petroleum Engineer DATE 8/7/2018

Type or print name Rob Hyde E-mail address: rob.hyde@burkroyalty.com PHONE: 940.397-8600

For State Use Only
 APPROVED BY: *Greg Brewer* TITLE Compliance Supervisor DATE 8/9/18
 Conditions of Approval (if any):

