

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

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

SEP 09 2019

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-02505
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No. SM-02127-A
7. Lease Name or Unit Agreement Name W H MILNER FEDERAL
8. Well Number 2
9. OGRID Number 003053
10. Pool name or Wildcat LYNCH YATES SEVEN RIVER #42370

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator BURK ROYALTY CO., LTD.	
3. Address of Operator P O BOX 94903, WICHITA FALLS, TX 76308-0903	
4. Well Location Unit Letter __: 1650__ feet from the __SOUTH__ line and 1650 feet from the __WEST__ line Section 35 Township 20.0S Range 34.0E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3820'	

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 checked="" 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: <input 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.

Due to the increased oil and gas activity in the area, Burk is experiencing difficulty scheduling sufficient reclamation work and respectfully request an extension.

**SUBJECT TO LIKE  
APPROVAL BY BLM**

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 *Stephen R Stults* TITLE SR VICE PRESIDENT, OPERATIONS DATE 08/01/2019

Type or print name STEPHEN R STULTS E-mail address: shirleyb@burkroyalty.com PHONE: 940/397-8600  
**For State Use Only**

APPROVED BY: *Kerry Fortner* TITLE C.O. A DATE 9-20-19  
Conditions of Approval (if any):

**FOR RECORD ONLY**