| Submit 1 Copy To Appropriate District Office   | State of New Mexico                    |                                 | Form C-103                         |                            |
|--|--|---------------------------------|------------------------------------|----------------------------|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natural Resources |                                 | Revised July 18, 2013 WELL API NO. |                            |
| District II - (575) 748-1283   | OIL CONSERVATION DIVISION              |                                 | 30-025-0250                        |                            |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178  | 1220 South St. Francis Dr.             |                                 | 5. Indicate Ty                     | • 🚣 '\/#\/\                |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505                     |                                 | STATE                              | Gas Lease No.              |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | 2                                      |                                 | SM-02127-A                         |                            |
| SUNDRY NOT   | ICES AND REPORTS ON WELLS              | 3                               | 7. Lease Nam                       | e or Unit Agreement Name   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-11) FOR SUCH  |  |                                 | WILLMINED PEDEDAL                  |                            |
| PROPOSALS.)  |  |                                 | W H MILNER FEDERAL  8. Well Number |                            |
| 1. Type of Well: Oil Well Gas Well Other SWSEP 0 9 2019  |  |                                 | 4                                  |                            |
| 2. Name of Operator  | PECEIVED                               |                                 | 9. OGRID Number                    |                            |
| BURK ROYALTY CO., LTD.  3. Address of Operator   | RECEIVED                               |                                 | 003053<br>10. Pool name or Wildcat |                            |
| P O BOX 94903, WICHITA FALLS, TX 76308-0903  |  | LYNCH YATES SEVEN RIVER -#42370 |                                    |                            |
| 4. Well Location   |  |                                 |                                    |                            |
| Unit Letter_C : 990feet from the NORTH 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.)   |  |                                 |                                    |                            |
| GL 3735'   |  |                                 |                                    |                            |
|  |  |                                 |                                    |                            |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                                 |                                    |                            |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |                                 |                                    | REPORT OF:                 |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR  |  |                                 |                                    | ALTERING CASING            |
| TEMPORARILY ABANDON  | <u> </u>                               | ILLING OPNS.                    | <del>-</del>                       |                            |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE  |  | CASING/CEMEN                    | T JOB L                            |                            |
| CLOSED-LOOP SYSTEM   |  |                                 |                                    |                            |
| OTHER:   |  | OTHER:                          |                                    |                            |
| 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.   |  |                                 |                                    |                            |
| Leafanna ann an a   |  |                                 |                                    |                            |
|  |  |                                 |                                    |                            |
|  |  |                                 |                                    |                            |
| Due to the increased oil and gas activity in the area, Burk is experiencing difficulty scheduling sufficient relamation work and respectfully  |  |                                 |                                    |                            |
| request an extension.  |  |                                 |                                    |                            |
|  |  |                                 |                                    |                            |
|  |  |                                 | _                                  |                            |
|  |  |                                 | SUBIE                              | T TO LIKE                  |
|  |  | 4                               | APPROLEC                           | T TO.                      |
|  |  |                                 | 100/                               | LAVLIKE                    |
| Spud Date:   | Rig Release D                          | ate:                            |                                    | BLM                        |
|  |  |                                 |                                    | ••••                       |
|  |  |                                 |                                    |                            |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                                 |                                    |                            |
|  |  |                                 |                                    |                            |
| SIGNATURE SIGNATURE  | <br>- TITLE SR VI                      | CE PRESIDENT C                  | PFR ATIONS                         | DATE 08/01/2019            |
| SIGIVITORD .   | III EE SK VI                           | CE I ILEGIDEIVI, C              | LIGATIONS_                         | DATE_00/01/2017            |
| Type or print name _STEPHEN R S  | STULTS_ E-mail addres                  | s: _shirleyb@burk               | royalty.com_ l                     | PHONE: _940/397-8600       |
| For State Use Only   |  | •                               |                                    |                            |
| APPROVED BY: Yelly \$  | nte TITLE C. O                         | . A                             | 1                                  | DATE 9-20-19               |
| Conditions of Approval (if any):   |  |                                 | FOR R                              | DATE 9-20-/9<br>ECORD ONLY |
|  |  |                                 |                                    | <del> </del>               |