

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
HOBBS OGD
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
NOV 27 2019

WELL API NO. 30-025-06195
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 015823
7. Lease Name or Unit Agreement Name Eunice Monument Unit
8. Well Number 15
9. OGRID Number 003044
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3535' DF

RECEIVED

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
505 N. Big Spring St., Suite 603 Midland, TX 79701

4. Well Location
 Unit Letter E : 1980 feet from the North line and 660 feet from the West line
 Section 20 Township 20 South Range 37 East 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. MIT Test <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 tbg & pkr to 410# on 09/19/19
2. Passed bradenhead test
3. Active injector

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 10/21/2019

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

For State Use Only

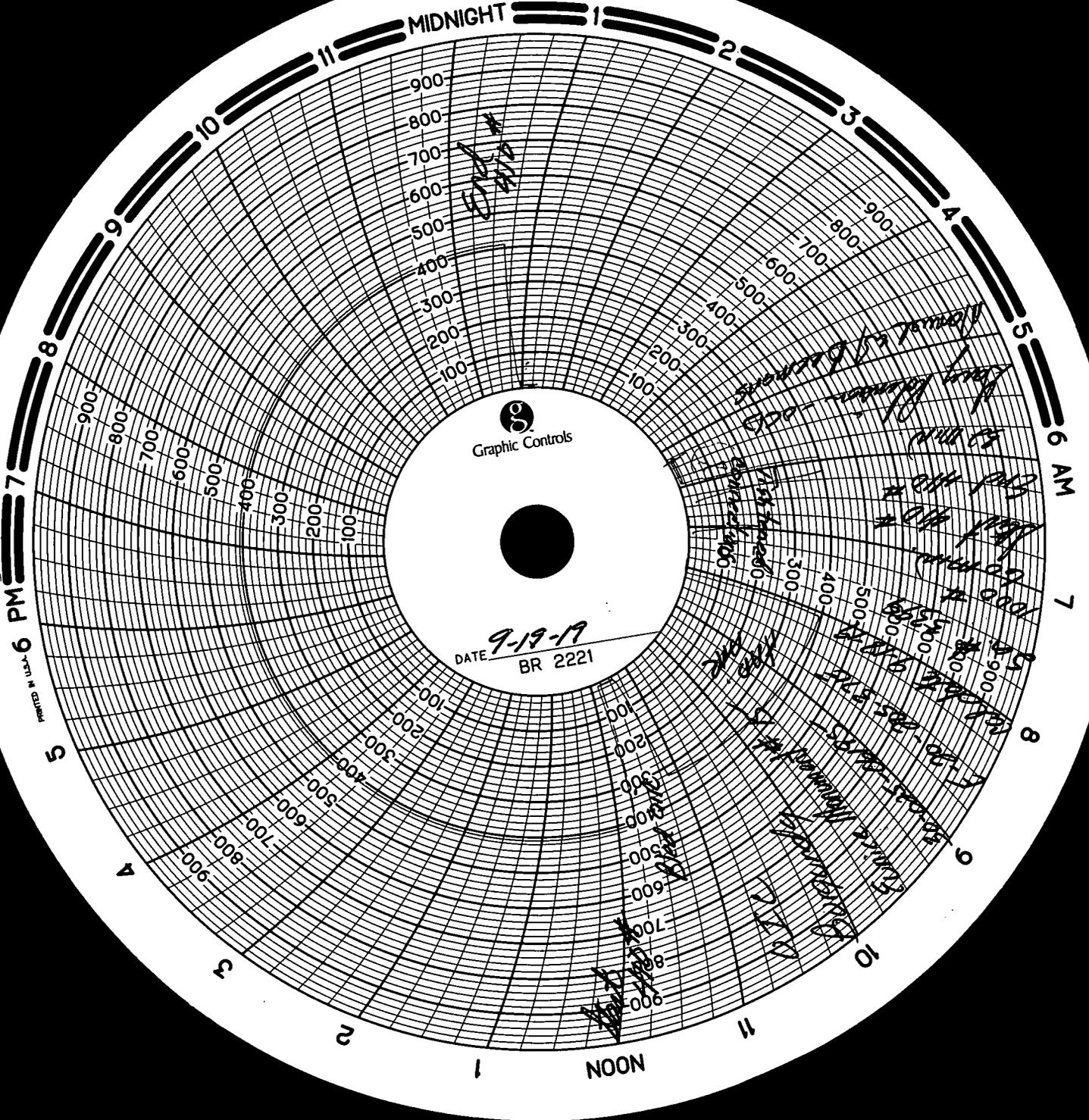
APPROVED BY: Steve Johnson TITLE CO-A DATE 10-25-19

Conditions of Approval (if any):

Graphic Controls

DATE 9-19-77
BR 2221

PRINTED IN U.S.A. 6 PM



District I
 1625 N French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

OCT 23 2019

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Burgundy</i>		API Number <i>30-025-06195</i>	
Property Name <i>Eunice Monument</i>		Well No. <i>#15</i>	

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>E</i>	<i>20</i>	<i>20S</i>	<i>37E</i>	<i>1980</i>	<i>N</i>	<i>660</i>	<i>W</i>	<i>LEA</i>

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER	GAS	DATE <i>9-19-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>1150</i>
<u>Flow Characteristics</u>					
Puff	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	CO2
Steady Flow	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	WTR
Surges	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	GAS
Down to nothing	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	Type of Fluid
Gas or Oil	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	Injected for
Water	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="radio"/> <i>N</i>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

MIT

Signature: <i>Cindy Campbell</i>	OIL CONSERVATION DIVISION
Printed name: <i>CCampbell</i>	Entered into RBDMS
Title: <i>Prod. Adet.</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>ccampbell@burgundy-oil.com</i>	
Date: <i>9/19/19</i>	
Phone: <i>505-32-1284-4033</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM