

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  
 1220 South St. Francis  
 Santa Fe, NM 87505

HOBBS OCD  
 RECEIVED  
 JAN 28 2020

WELL API NO. 30-025-02159
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 002360
7. Lease Name or Unit Agreement Name State Vacuum Unit
8. Well Number 11
9. OGRID Number 003044
10. Pool name or Wildcat Vacuum; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4076' GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 I : 2310 feet from the South line and 330 feet from the East line  
 Section 31 Township 17 South Range 34 East NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Passed BHT <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. Passed BHT on 12/02/2019
2. Witnessed by OCD - Gary Robinson

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 01/23/2020

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

APPROVED BY: Gary Robinson TITLE Capital Officer DATE 1-23-20  
 Conditions of Approval (if any):

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

**BRADENHEAD TEST REPORT**

Operator Name <i>Burgundy Oil + Gas</i>		API Number <i>30-025-0259</i>
Property Name <i>STATE VACUUM</i>		Well No. <i>#11</i>

1. Surface Location									
UL - Lot <i>I</i>	Section <i>21</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from	N/S Line	Feet From	E/W Line	County	
				<i>2910</i>	<i>S</i>	<i>350</i>	<i>E</i>	<i>LEA</i>	

Well Status											
TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	PRODUCER	OIL	GAS	DATE
		<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>					<i>12-2-19</i>

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
<b>Flow Characteristics</b>					
Puff	Y/ <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>			
Steady Flow	Y/ <input checked="" type="radio"/> N	WTR <input type="checkbox"/>			
Surges	Y/ <input checked="" type="radio"/> N	GAS <input type="checkbox"/>			
Down to nothing	<input checked="" type="radio"/> Y/N	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y/N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="radio"/> N	Injected for			
Water	Y/ <input checked="" type="radio"/> N	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.  
*Surf. csg. open for 2 days + did not blow gas or any water*  
*PASSED*  
*BAT*

Signature: <i>Cindy K. Campbell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cindy K. Campbell</i>	Entered into RBDMS
Title: <i>Production Accountant</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>ccampbell@burgundy-oil.com</i>	
Date: <i>12/2/19</i>	Phone: <i>432-684-1933</i>
Witness: <i>Gary Johnson</i>	

INSTRUCTIONS ON BACK OF THIS FORM