

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

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO GO BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-02168
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other -Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Burgundy Oil & Gas of New Mexico, Inc.		6. State Oil & Gas Lease No. 002360
3. Address of Operator 505 N. Big Spring St., Suite 603 Midland, TX 79701		7. Lease Name or Unit Agreement Name State Vacuum Unit
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>32</u> Township <u>17 South</u> Range <u>34 East</u> NMPM Lea County		8. Well Number <u>7</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4074' TC		9. OGRID Number 003044
		10. Pool name or Wildcat Vacuum; Grayburg-San Andres

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL. ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Failed MIT - Return to Inj. ☒

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.

Work required due to failure of MIT on 09/19/2019

1. MlxRU SU
2. Rel pkr, TOH w/ tbg & pkr - LD 5 bad jts of tbg
3. Replace pkr & TBIH w/ 2 3/8" IPC tbg, testing to 5000#
4. Circ pkr fluid w/ pkr @ 4337' - set pkr - test bkside to 600#
5. RDxMO SU
6. Run MIT on 12/02/19 to 540# for 32 min.
7. Passed bradenhead test
8. 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@burgundy-oil.com PHONE: 432-684-4033  
For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 1-29-20  
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 <b>Burgundy Oil &amp; Gas</b>		API Number <b>30-025-02168</b>	
Property Name <b>STATE VACUUM</b>		Well No. <b>#7</b>	

1. Surface Location

UL - Lot <b>E</b>	Section <b>32</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>12-2-19</b>
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OBSERVED DATA

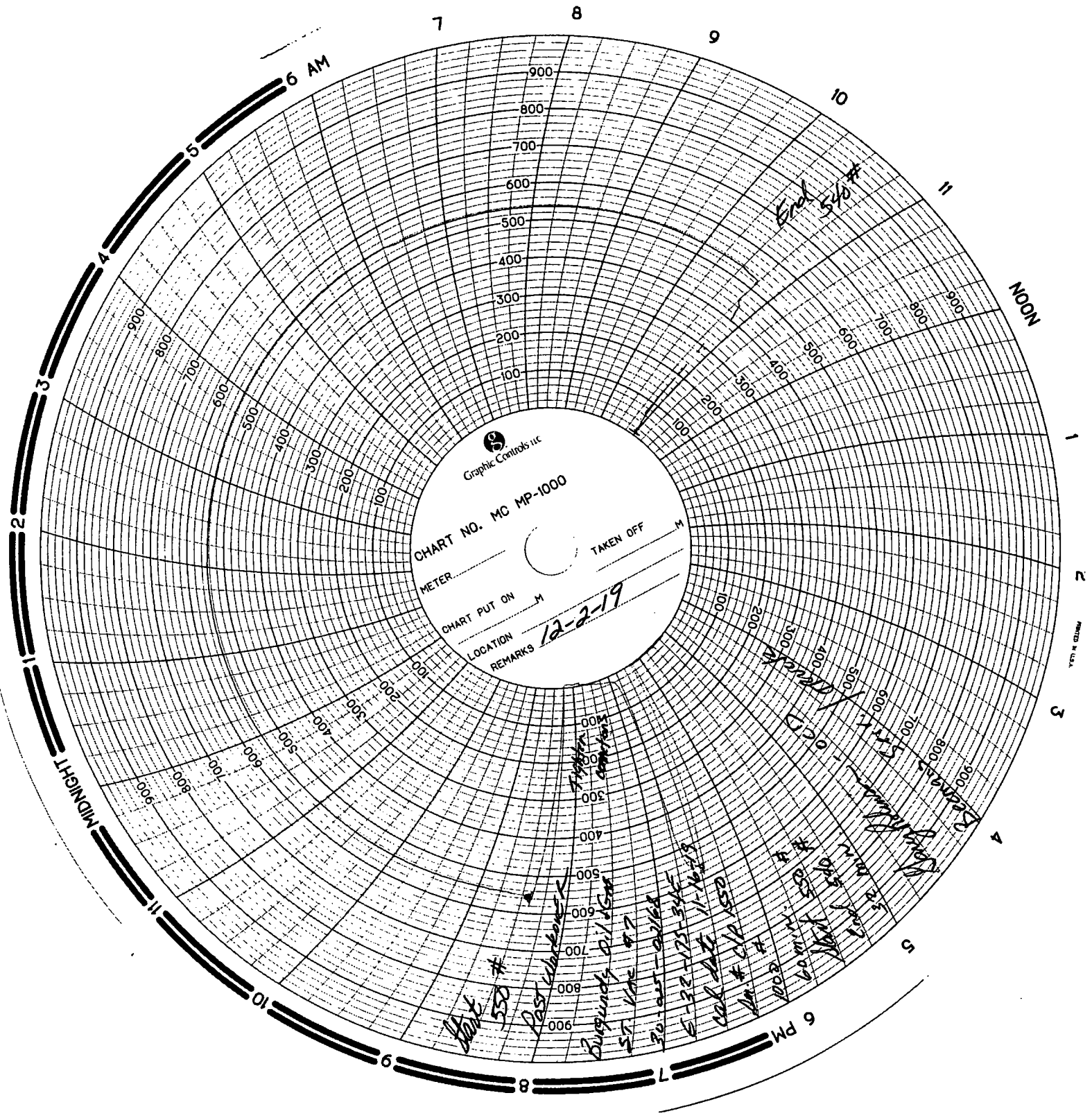
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>			<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 WTR GAS Type of fluid injected for waterflood if applies
Steady Flow	Y / <input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

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

PWD  
Test

Signature: <b>Cindy Campbell</b>		OIL CONSERVATION DIVISION	
Printed name: <b>Cindy Campbell</b>		Entered into RBDMS <b>[initials]</b>	
Title: <b>Production Accountant</b>		Re-test	
E-mail Address: <b>ccampbell@burgundy-oil.com</b>			
Date: <b>12/2/19</b>	Phone: <b>432-684-4033</b>		
Witness: <b>[signature]</b>			

INSTRUCTIONS ON BACK OF THIS FORM



Graphic Controls Inc.

CHART NO. MC MP-1000

METER

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

12-2-19

550 #

Past Warden

Burgundy oil 15m

57 knots

30 knots

5-22-20 345

100 knots

100 knots

100 knots

100 knots

100 knots

100 knots

100 knots

100 knots