

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 Dr.  
 Santa Fe, NM 87505

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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.) |  | WELL API NO.<br><b>30-025-20379</b>   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>  |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br><b>Burgundy Oil &amp; Gas of New Mexico Inc.</b>   |  | 6. State Oil & Gas Lease No.<br><b>030435</b>   |
| 3. Address of Operator<br><b>505 N. Big Spring St., Suite 603; Midland, TX 79701</b>  |  | 7. Lease Name or Unit Agreement Name<br><b>State AO</b>   |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>1980</u> feet from the <u>line</u> and <u>660</u> feet from the <u>E</u> line<br>Section <u>2</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>Lea</u>   |  | 8. Well Number <u>2</u>   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3514' GR</b>   |  | 9. OGRID Number<br><b>003044</b>  |
| 10. Pool name or Wildcat<br><b>Eumont; Yates-7Rvrs-Queen (Pro Gas)</b>  |  |   |

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

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|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/> <b>PWR</b> |  |
|--|--|--|--|

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.

02/03/20 MIRU plugging equipment. Dug out cellar. ND flange, NU BOP. RIH w/ tbg to 4076'. No tag/CIBP @ 3994'. Tagged @ 4076'. POH w/ tbg. 02/04/20 RIH w/ tbg, spotted 55 sx class C cmt w/ 2% CACL & 1 bag LCM @ 4012-3456'. WOC. Tagged plug @ 3918'. Circulated hole w/ salt gel. Pressure tested csg to 500 PSI, test did not hold. Spotted 30 sx class C cmt @ 3918-3618'. WOC. 02/06/20 Tagged plug @ 3725'. Spotted 25 sx class C cmt @ 3725-3475'. WOC. Tagged plug @ 3562'. Spotted 35 sx class C cmt @ 2602-2252'. WOC. Tried to set 5 1/2" packer, could not set. RIH w/ 7" packer & set. Verified that 5 1/2" csg not in. Notified Kerry Fortner w/ NM OCD. 02/07/20 Tagged plug @ 2385'. Tried to pressure test csg, test does not hold. Perf'd csg @ 1450'. Squeezed 70 sx class C cmt @ 1450-1300'. WOC. 02/10/20 Pressure tested csg, held 500 PSI. Tagged plug @ 1195'. Perf'd csg @ 479'. ND BOP, NU flange. Squeezed 250 sx class C cmt @ 479' & circulated to surface. Rigged down & moved off. 02/11/20 Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ OCD verified cement to surface. Welded on "Below Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

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 4/13/2020

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPROVED BY: Kerry Fortner TITLE COA DATE 6-16-20  
 Conditions of Approval (if any): \_\_\_\_\_