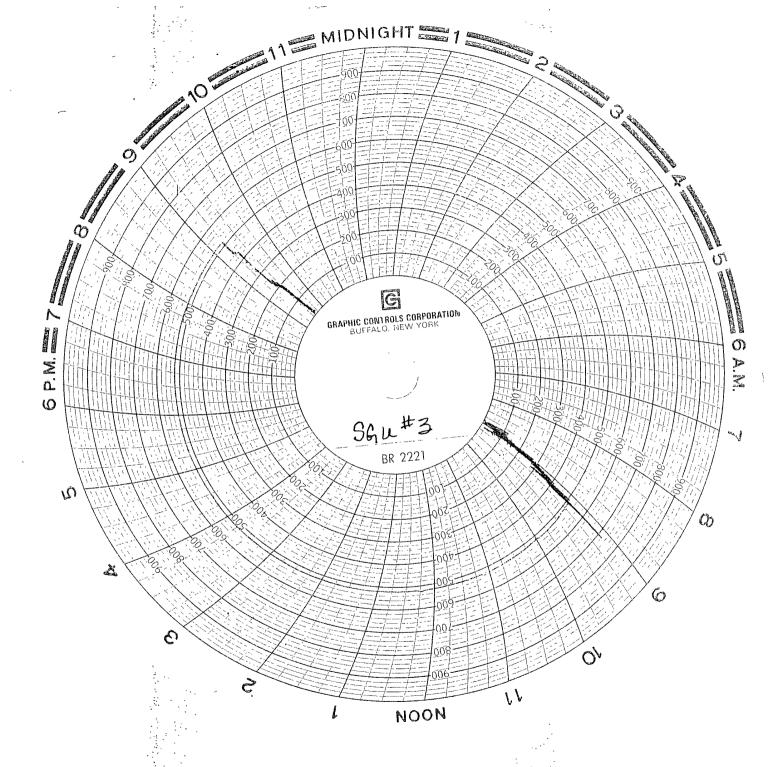
Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II	REGELES ERVATION DIVISION		30-025-06069
1301 W. Grand Ave., Artesia, NM 88210 District III	APR 151220 South St. Francis Dr.		5. Indicate Type of Lease  STATE FEE   FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No. 015824
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Skaggs Grayburg Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number 3
1. Type of Well: Oil Well Gas Well Other—Short In Jeolian  2. Name of Operator			9. OGRID Number 003044 /
Burgundy Oil & Gas of New Mexico, Inc.			,
3. Address of Operator 401 W. Texas Ave., Suite 1003, Midland, TX 79701			10. Pool name or Wildcat Skaggs;Grayburg
4. Well Location			
Unit Letter I: 660 feet from the East line and 1980 feet from the South line			
Section 12 Township 20S Range 37E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' KB			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
OTHER:		OTHER: Reque	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
Vista Services ran 60" MIT to 520# on 10/15/2008.			
Request 5 yr TA Status pending further use as an injector.			
This Approval of Temporary Abandonment Expires 10/15/2013			
risandonnent Expires			
•			
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print nameCindy K. Campbell E-mail address:ccampbell@t3wireless.com PHONE:432-684-4033			
For State Use Only			
APPROVED BY:			
Conditions of Approval (a mig).			



dal-10-14-08

Vista Services

Vista Services

Unit 98

Lhrclock

Por 10-14-08