

RECEIVED

APR 14 2011
HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-06079

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

015824

7. Lease Name or Unit Agreement Name

Skaggs Grayburg Unit

8. Well Number 5

9. OGRID Number 003044

10. Pool name or Wildcat

Skaggs; Grayburg

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

401 W. Texas Ave., Suite 1003, Midland, TX 79701

4. Well Location

Unit Letter _____ M : 660 feet from the South _____ line and 660 feet from the West _____ line

Section 12 Township 20S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3567' DF

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: Repair HIC

OTHER:

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.

1. MI x RU Serv. Ut.
2. Isolate HIC
3. SQ cmt
4. Drill out cmt
5. R injection pkr in hole
6. Circ pkr fluid
7. Load & test backside - Run MIT with chart

Per Underground Injection Control Program Manual
 11.6 C Packer shall be set within or less than 100
 feet of the uppermost injection perfs or open hole.

Condition of Approval: Notify OCD Hobbs
 office 24 hours prior of running MIT Test & Chart

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 K. Campbell

TITLE _____ Production Accountant _____ DATE 04/12/2011

Type or print name Cindy K. Campbell

E-mail address: ccampbell@t3wireless.com

PHONE: 432-684-4033

For State Use Only

APPROVED BY:

[Signature]

TITLE STATE WEL

DATE 4-18-2011

Conditions of Approval (if any):