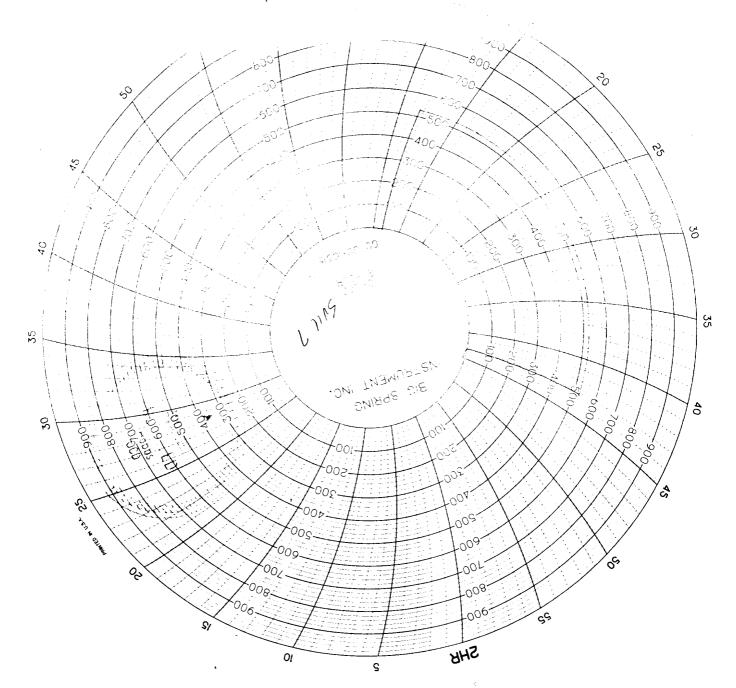
•	3 Copies To Appropriate District State of New Mexico					Form C-103		
Office Energy, Minerals and Natural Resources					Revised March 25, 1999			
<u>District I</u> 1706 N' EJ. D. ITANDA	WELL API NO.							
1623 N. French Dr., Hoods,	30-025-02168							
District II 1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.					5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505					STATE State Oil & Gas Lease No.			
	District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505					E-1448		
SUI (DO NOT USE THIS FOR: DIFFERENT RESERVOIR PROPOSALS.)	7. Lease Name or Unit Agreement Name: State Vacuum Unit							
1. Type of Well: Oil Well Gas Well Other Injection								
2. Name of Operator	8. Well No. 7							
Burgundy Oil & Gas of New Mexico, Inc. 3. Address of Operator					9. Pool name or Wildcat			
401 W. Texas, Suite 1003, Midland, Texas 79701					Vacuum Grbg SA			
4. Well Location								
Unit Letter_	E:_	_1980feet from the	Nort	h line and	660feet fro	om the	Westline	
Section 3	32	Township	17S	0	S4E NMP	M Lea	County	
		10. Elevation (Show w	hether Di	R, RKB, RT, GR, e	itc.)			
11. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK					BSEQUENT RE	EPORT C	F: G CASING □	
TEMPORARILY ABAI	NDON 🔲	CHANGE PLANS		COMMENCE DE	RILLING OPNS.	PLUG AN		
PULL OR ALTER CAS	SING [MULTIPLE COMPLETION		CASING TEST A	AND 🗆	ABANDO	NIVIENI	
OTHER:				OTHER: Requ	uest 5 yr TA Status			
12. 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 recompilation.								
Pate Trucking ran 30" MIT to 500# on 9-21-01 – Request TA status until Well can be evaluated for production or injection use.								
This Approval of Temporary 8/21/07								
		1321.			ta commente de se			
			`					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Production Manager DATE 8/15/02								
Type or print name	Ben Taylor	020	istat -				15-684-4033	
(This space for State us			M MIV	IK				
APPPROVED BY			MO geta fitle	RESENTATIVE IVS	TAFF MANIACED	AUG _E 2	2 2002	

Conditions of approval, if any:



Burbandy
St. Vaccom 6 has

Claudo Mar

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