| Office Office 10 Appropriate District | | New M | | Form C-103 | | |
|---|--|-----------|----------------------|---|------------------------|--|
| District I | Energy, Minerals and Natural Resources | | | Revised March 25, 1999 | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | | WELL API NO. | | |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-025-06067 | | |
| District III | 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease STATE FEE X | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | | | STATE FEE X 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | o. State Off & | Gas Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Name | e or Unit Agreement | |
| (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 | | | | Name: | | |
| PROPOSALS.) | TOTAL COLUMN C-101) FOR SUCH | | | Skaggs Grayburg Unit | | |
| 1. Type of Well: | | | | | | |
| Oil Well Gas Well | X Other Shut in | | | | | |
| Name of Operator Burgundy Oil & Gas of New Mexico, Inc. | | | | 8. Well No. 1 | | |
| 3. Address of Operator | | | | | | |
| 401 W. Texas, Suite 1003, Midland, Texas 79701 | | | | 9. Pool name or Wildcat | | |
| 4. Well Location | | | | Skaggs Grayburg | | |
| | | | | | | |
| Unit Letter K: 1985 feet from the South line and 1980 feet from the West line | | | | | | |
| Section 12 Township 20S Range 37E NMPM Lea County | | | | | | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3569' KB | | | | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRIL | _LING OPNS. | PLUG AND | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AN | ID 🗆 | ABANDONMENT | |
| OTHER: | | П | | st 5 yr TA Status | | |
| 12. Describe proposed or completed | onerations (Clearly sta | | | st 5 yr 1A Status | | |
| starting any proposed work). SE recompilation. | E RULE 1103. For Mul | tiple Com | pletions: Attach wel | e pertinent dates, i llbore diagram of p | proposed completion or | |
| 1 | | | | | | |
| 9-4-02 Pate Trucking ran 30" MIT – Request 5 yr TA Status pending further use as an injector. | | | | | | |
| 1 | | | | | | |
| | | | | | | |
| | This Approv | al bf 1 | emporary , | 1 19 A | | |
| | Seandonment | Expire | campor at y | | | |
| | | (| 11/2 | 1107 | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | |
| $E = \mathcal{I}_{\alpha}$ | | | | una bener. | \$ 100 miles | |
| SIGNATURE TITLE Production Manager DATE 11/15/2002 | | | | | | |
| Type or print name Ben Taylor | | | | Teleph | none No. 915-684-4033 | |
| (This space for State use) | in an order t | | | | | |
| APPPROVED BY GARYTMINK DWOFE O | | | | | | |
| Conditions of approval, if any: | ions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER DNOV 2 2 2007 | | | | | |
| | ·- ·· · · · | | • | | | |