

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-06093

5. Indicate Type of Lease

STATE FEE X

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:

Skaggs Grayburg Unit

8. Well No. 12

9. 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 ☐ X Other Injection

2. Name of Operator

Burgundy Oil & Gas of New Mexico, Inc.

3. Address of Operator

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

4. Well Location

Unit Letter C : 662 feet from the North line and 1980 feet from the West line

Section 13

Township 20S

Range 37E

NMPM Lea

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3566' DF

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Run 30" MIT

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.

9-4-02 Pate Trucking ran 30" MIT - return well to injection

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Ben Taylor

TITLE Production Manager

DATE 11/15/2002

Type or print name Ben Taylor

Telephone No. 915-684-4033

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. MINK

TITLE REGIONAL REPRESENTATIVE II/STAFF MANAGER

NOV 22 2002