

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 87210
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

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.)		WELL API NO. 30-025-06169
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BURGUNDY OIL & GAS OF NEW MEXICO, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 401 W. TEXAS, SUITE 1003, MIDLAND, TEXAS 79701		7. Lease Name or Unit Agreement Name: EUNICE MONUMENT UNIT
4. Well Location Unit Letter P : 660 feet from the SOUTH line and 660 feet from the EAST line Section 10/9 Township 20S Range 37E NMPM LEA County		8. Well No. 31
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538' KB		9. Pool name or Wildcat EUNICE MONUMENT GRAYBURG

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: PACKER LEAKAGE TEST EXEMPTION <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

PERMISSION IS REQUESTED TO EXEMPT THE EUNICE MONUMENT WELL UNIT WELL NO. 31 FROM A PACKER LEAKAGE TEST. THE DUAL WELL IS EQUIPPED FOR PRODUCTION VIA PUMPING UNDER A PACKER THAT ISOLATES THE LOWER GRAYBURG ZONE FROM THE THE QUEEN ZONE ABOVE. BY HOLDING 150# BACK PRESSURE ON THE TUBING IT IS EASY TO VIEW NO LEAKAGE OF THE PACKER AS THE FLOWING CASING PRESSURE IS ONLY 5-10# GAUGE - THE UPPER ZONE PRODUCES 5-10 MCF/PD. IF THERE WERE A PACKER PROBLEM (OR OTHER MECHANICAL PROBLEM) THE UPPER GAS ZONE WOULD NOT PRODUCE ANY PRODUCTION WHATSOEVER. IN ADDITION, TO RUN THIS TEST WOULD CAUSE THE LOSS OF AT LEAST 3 DAYS PRODUCTION, AND THE WELL WILL NOT MAKE IT UP. PLEASE CONSIDER OUR REQUEST AND GIVE ME A CALL SHOULD YOU HAVE FURTHER QUESTIONS.

DENIED

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 6/21/02

Type or print name BEN D. TAYLOR

Telephone No. (915) 684-4033

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: