

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-06195
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-160

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.)

7. Lease Name or Unit Agreement Name Eunice Monument Unit
8. Well No. 15
9. Pool name or Wildcat Eunice Monument (Grayburg-SanAnders)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well
2. Name of Operator Burgundy Oil & Gas of New Mexico, Inc.
3. Address of Operator 401 W. Texas, Suite 1003, Midland, TX 79701-4413
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>Lea</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3535' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <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.

1. Pull tbg and pkr  
2. TB1H w/ pkr and tbg - hydrotest tbg - found one bad jt  
3. Circ corrosion inhibited pkr fluid  
4. Set pkr - NUWH  
5. Run NM OCD pkr test - held ok  
Place on injection 2-21-97

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 3/3/97

TYPE OR PRINT NAME Ben D. Taylor TELEPHONE NO. (915)684-4033

(This space for State Use)

APPROVED BY ORIGINAL FILED BY TITLE FILED DATE MAR 10 1997

CONDITIONS OF APPROVAL, IF ANY: