

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 88213

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.
30-025-27010

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-6143

7. Lease Name or Unit Agreement Name

Getty 25 State

8. Well No.
1

9. Pool name or Wildcat
Grama Ridge Morrow East

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 ☒ OTHER

2. Name of Operator
Burgundy Oil & Gas of New Mexico, Inc.

3. Address of Operator
401 W. Texas, Suite 1003, Midland, Texas 79701-4413

4. Well Location
Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line
Section 25 Township 21-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3671' GR

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. Plugged back 4 1/2" liner from 13,700' to 12,836' w/ sand
2. Reperforate Upper Morrow from 12,646 - 12,653 w/ 2JSPF
3. Broke down perms, then performed Acid/CO2 stimulation
4. Flowed and swabbed well to clean up
5. Turn to sales at 3 pm 11-23-96 making 650 MCFPD w/ FTP 125# on 3/4" choke

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 12/11/96
(915)684-4033

TYPE OR PRINT NAME Ben D. Taylor

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: