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

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088

30-025-27010 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG-6143 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Getty 25 State GAS MIET X WELL. OTHER Name of Operator 8. Well No. Burgundy Oil & Gas of New Mexico, Inc. Address of Operator 9. Pool name or Wildcat 401 W. Texas, Suite 1003, Midland, Texas 79701-4413 Grama Ridge Morrow East Well Location 1980 West 660 South Unit Letter Feet From The Line and Feet From The Line 25 21-S 34-E Lea Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3671' G.R. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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.
 - Plugback 4 1/2" Liner from 13,070 to 12,800' w/ sand 1.
 - 2. Reperforate Upper Morrow 12,646-12,653'
 - 3. Acidize perfs
 - Swab/jet to recover load

I hereby certify that the information above is true and complete to the best of my kessionature Signature Type or print name Ben D. Taylor	coowledge and belief. ππ.ε Production Manager	DATE 11/8/96 (915)684-4033 TELEPHONE NO.
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TME	NOV 85 199; —— date ————————————————————————————————————