

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-01108

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marshall "B"

9. WELL NO.

1-J

10. FIELD AND POOL, OR WILDCAT

South Blanco PC

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 14-T27N-R9W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

BRECK OPERATING CORPORATION

3. ADDRESS OF OPERATOR c/o Walsh Engr. & Prod. Corp.

P. O. Box 419 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

850'FSL, 1850'FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, ETC.)

6076'GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

See Below

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well was off more than 90 days

Off: 3/24/88

On: 5/3/89

FOR: BRECK OPERATING CORPORATION

18. I hereby certify that the foregoing is true and correct

Production Clerk Walsh

SIGNED

Ruth E. Rogge

TITLE

Engr. & Prod. Corp.

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL IF ANY:

NMOCD

*See Instructions on Reverse Side

DATE MAY 2 1989

Producing or Resource Area

Shm