

Form 3160-5  
(November 1983)  
(Formerly 9-331)

**N. M. OIL CONS. COMMISSION**  
**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

P. O. BOX 1987  
HOBBS, NEW MEXICO 88240

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

**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—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER  Temporarily Abandoned

2. NAME OF OPERATOR  
Breck Operating Corp.

3. ADDRESS OF OPERATOR  
P.O. Box 911, Breckenridge, Texas 76024

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990' FNL & 990' FEL in NE/4 of Sec. 8, T-8S, R-37E

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.  
NM-0474-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
Federal BL

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Bluitt Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  
Sec. 8, T-8S, R-37E

12. COUNTY OR PARISH  
Roosevelt

13. STATE  
New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____ <input type="checkbox"/>	(Other) _____ <input type="checkbox"/>

(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 any 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.)\*

Due to the length of time this well has been temporarily abandoned, we plan to conduct a downhole integrity test on January 12, 1987.

We load the 8-5/8" intermediate casing with freshwater, pressure up the casing to 300 psi and monitor the pressure with a recording chart for 30 minutes. We will also monitor the surface casing to see if any pressure anomalies exist.



18. I hereby certify that the foregoing is true and correct  
SIGNED Tom G. Duncan TITLE Petroleum Engineer DATE 12/11/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

**APPROVED**  
**PETER W. CHESTER**  
**DEC 17 1986**  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side