

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

WELL API NO. **30-025-09076**

5. Indicate Type of Lease
STATE ☐ FEE ☒ *fee*
6. State Oil & Gas Lease No.

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 **INJECTION**

2. Name of Operator
Breck Operating Corp.

3. Address of Operator
PO Box 911 Breckenridge, Texas 76424

4. Well Location
Unit Letter **A** : **660** feet from the **N** line and **660** feet from the **E** line
Section **28** Township **22S** Range **36E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **5 YEAR MIT** ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**PERFORMED 5 YEAR MIT FOR UIC PROGRAM
HOBBS OCD DISTRICT I
CHART & BRADEN HEAD TEST ATTACHED**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

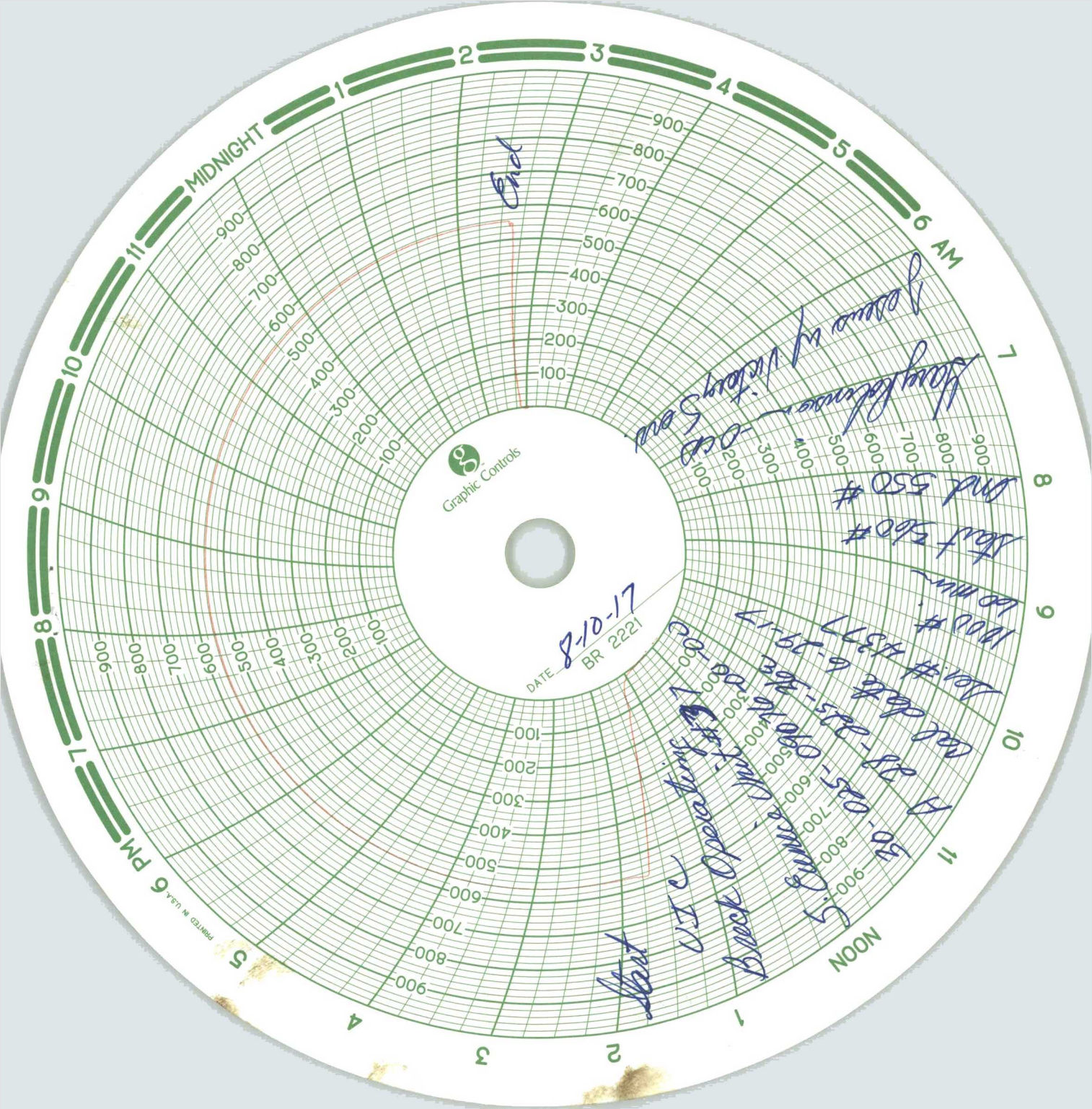
SIGNATURE **Kevin Breckel** TITLE **Production Superintendent** DATE **8-10-17**

Type or print name **Kevin Breckel** E-mail address: **kbreckel@breckop.com** PHONE: **254-559-0881**

For State Use Only

APPROVED BY: **Mary Brown** TITLE **AO/II** DATE **8/21/2017**

Conditions of Approval (if any):



HOBBS OCD

AUG 16 2017

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Breck Operating Corp.	API Number 30-025-09076
Property Name South Eunice Unit	Well No. 037

2. Surface Location

UL - Lot A	Section 28	Township 22S	Range 36E	Feet from 660	N/S Line N	Feet From 660	E/W Line E	County Lea
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	OIL	PRODUCER GAS	DATE 8-10-17
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	340780
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Kevin Breckel</i>	OIL CONSERVATION DIVISION
Printed name: Kevin Breckel	Entered into RBDMS
Title: Production Superintendent	Re-test
E-mail Address: kbreckel@breckop.com	
Date: 8-10-17	Phone: 254-559-0881
Witness: <i>Gary Robinson</i>	