

**HOBBS OCD**

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1624 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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO.	30-025-09200
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	26711
7. Lease Name or Unit Agreement Name	King C
8. Well Number	002
9. OGRID Number	002799
10. Pool name or Wildcat	GRANBORG LANGLIE MATTIX, TRRSQ
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3427 RKB

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  
Breck Operating Corp.

3. Address of Operator  
P O Box 911 Breckenridge Texas 76424

4. Well Location  
Unit Letter B : 330 feet from the N line and 2310 feet from the E line  
Section 1 Township T3S Range 36E NMPM County LEA

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: ☒

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.

5 YEAR MIT TA'd WELL EXTENSION  
2

This Approval of Temporary  
Abandonment Expires 1-29-18

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

1-29-16

Type or print name

Kevin Breckel

E-mail address:

kbreckel@breckop.com

PHONE:

254-559-0881

For State Use Only

APPROVED BY:

Bill Samanah

TITLE

Staff Manager

DATE

1-29-16

Conditions of Approval (if any):

2/3/16

FEB 04 2016



