

Submit 1 Copy To Appropriate District Office,  
 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  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

**HOBBS OCD**  
**AUG 16 2017**  
**RECEIVED**

WELL API NO **30-025-08986**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**SOUTH EUNICE UNIT**

8. Well Number **20**

9. OGRID Number **2799**

10. Pool name or Wildcat

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

**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 **I** : **1980** feet from the **S** line and **660** feet from the **E** line  
 Section **21** Township **22S** Range **36E** NMPM County **LEA**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>5 YEAR MIT</b> <input checked="" type="checkbox"/>	

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

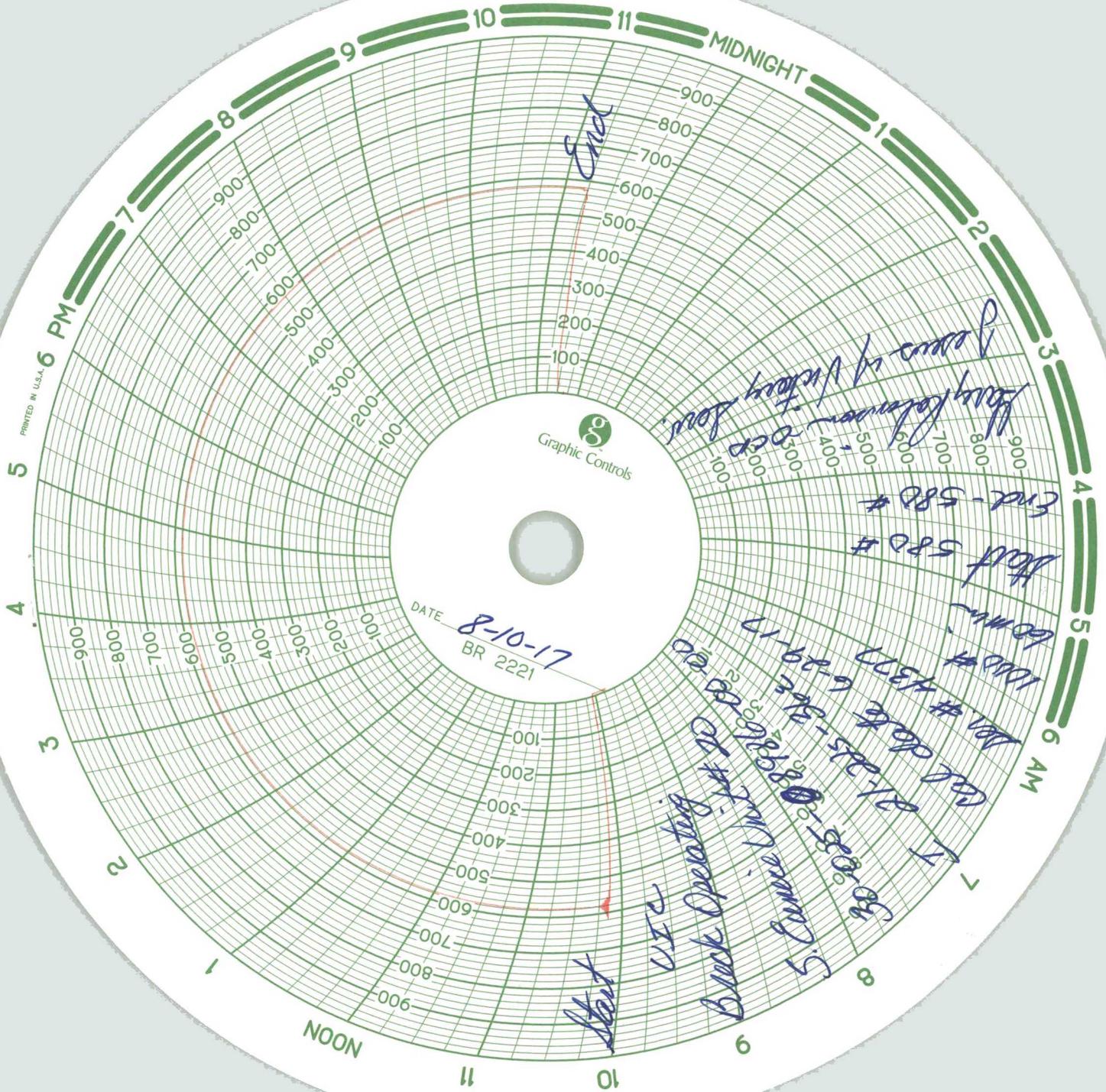
Type or print name Kevin Breckel E-mail address: kbreckel@breckop.com PHONE: 254-559-0881

**For State Use Only**

APPROVED BY: *Mary Brown* TITLE AO/II DATE 8/21/2017  
 Conditions of Approval (if any):

**RBDMS-CHART-✓**

PRINTED IN U.S.A.



DATE 8-10-17  
BR 2221

Start

End

VIC

Black Operating

Black Unit # 20

S. Cause Unit # 20

30% 30%

71-225-11-6-11

71-225-11-6-11

71-225-11-6-11

71-225-11-6-11

Test 580 #

End-580 #

Power of Victory  
Power of Victory  
Power of Victory

**HOBBS OCD**

AUG 16 2017

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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 30-025-08986	
Property Name South Eunice Unit			Well No. 020

<sup>2</sup> Surface Location

UL - Lot 1	Section 21	Township 22S	Range 36E	Feet from 1980	NS Line S	Feet From 660	E/W Line E	County Lea
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Well Status

TA'D WELL YES	<u>NO</u>	SHUT-IN YES	<u>NO</u>	INJECTOR <u>INJ</u>	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	200
<u>Flow Characteristics</u>					
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
					applies.

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>	399-3220