

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 OGD
AUG 16 2017
RECEIVED

WELL API NO. **30-025-09187**

5. Indicate Type of Lease
 STATE FEE *Federal*

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH EUNICE UNIT

8. Well Number **33**

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 **A** : **660** feet from the **N** line and **660** feet from the **E** line
 Section **29** Township **22S** Range **36E** NMPM County **LEA**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: 5 YEAR MIT <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 OGD 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: *Maley Brown* TITLE AO/II DATE 8/21/2017
 Conditions of Approval (if any):

RBIMS - CHART - ✓

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

HOBBS OCD

AUG 16 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name Breck Operating Corp.		Well No. 033
Property Name South Eunice Unit		

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
A	29	22S	36E	660	N	660	E	Lea

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	8-10-17

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	340
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 —
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
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