

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD
OFFICE FOR N. H.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
ND60-3160-4

clsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 817/559-3355		5. LEASE DESIGNATION AND SERIAL NO. LC 064384
2. NAME OF OPERATOR Breck Operating Corp. ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		RECEIVED MAR 14 '90		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter "G"; 2310' FNL & 2310' FEL				8. FARM OR LEASE NAME Carter Collier Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3507' GR		9. WELL NO. 1
		ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Red Lake Queen Grayburg
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-18S, R-27E
				12. COUNTY OR PARISH Eddy
				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 checked="" 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"/>	
(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.)*

PROPOSED OPERATIONS:

1. MIRU. POOH w/ rods and pump.
2. Clean out to PBTD.
3. Pump 500 gal. 15% HCl acid down tubing. Displace w/ lease water.
4. RIH w/ rods and pump. Hang well on.

RECEIVED
MAR 5 10 58 AM '90
CARLETON
AREA

18. I hereby certify that the foregoing is true and correct

SIGNED

John G. Sullivan

TITLE Petroleum Engineer

DATE 3/2/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side