

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMB  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

c/sf

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR Breck Operating Corp.	
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "O"; 990' FSL & 1650' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3420' GR
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	

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AUG 13 '90

C. C. D.

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NMLC049648B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Compton Federal
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Red Lake Queen Grayburg
11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec. 6, 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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DESCRIBE PROMISED 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. Pump 500 gal 15% HCl acid down tubing.  
Displace w/ lease water.
3. RIH w/ rods and pump. Hang well on.

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AUG 7 10 07 AM '90  
CARLETON SURGE  
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>Adam G. Salameh</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>08/03/90</u>
(This space for Federal or State office use) Orig. Signed by Adam Salameh		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		<u>8-10-90</u>

\*See Instructions on Reverse Side