

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-1201

7. Lease Name or Unit Agreement Name

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 CORPORATION

3. Address of Operator c/o Walsh Engr. & Prod. Corp.

P. O. Box 419 Farmington, New Mexico 87499

8. Well No.

Farming "A" No. 1

9. Pool name or Wildcat

Fulcher Kutz PC

4. Well Location

Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line

Section 16

Township 27N

Range : 9W

NMPM

San Juan

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6182' GL 28.3 DF

11. 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: See Below ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well was off more than 90 days

Off: 3/7/88

On: 5/3/89

FOR: BRECK OPERATING CORPORATION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Ruth E. Rogge

TITLE

Production Clerk, Walsh
Engr. & Prod. Corp.

DATE 5/5/89

TYPE OR PRINT NAME

505-327-4892
TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE

Original Signed by FRANK T. CHAVEZ

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 10 1989