

Submit 1 Copy To Appropriate District  
Office,  
District I - (505) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (505) 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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: **5 YEAR MIT** ☒

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**

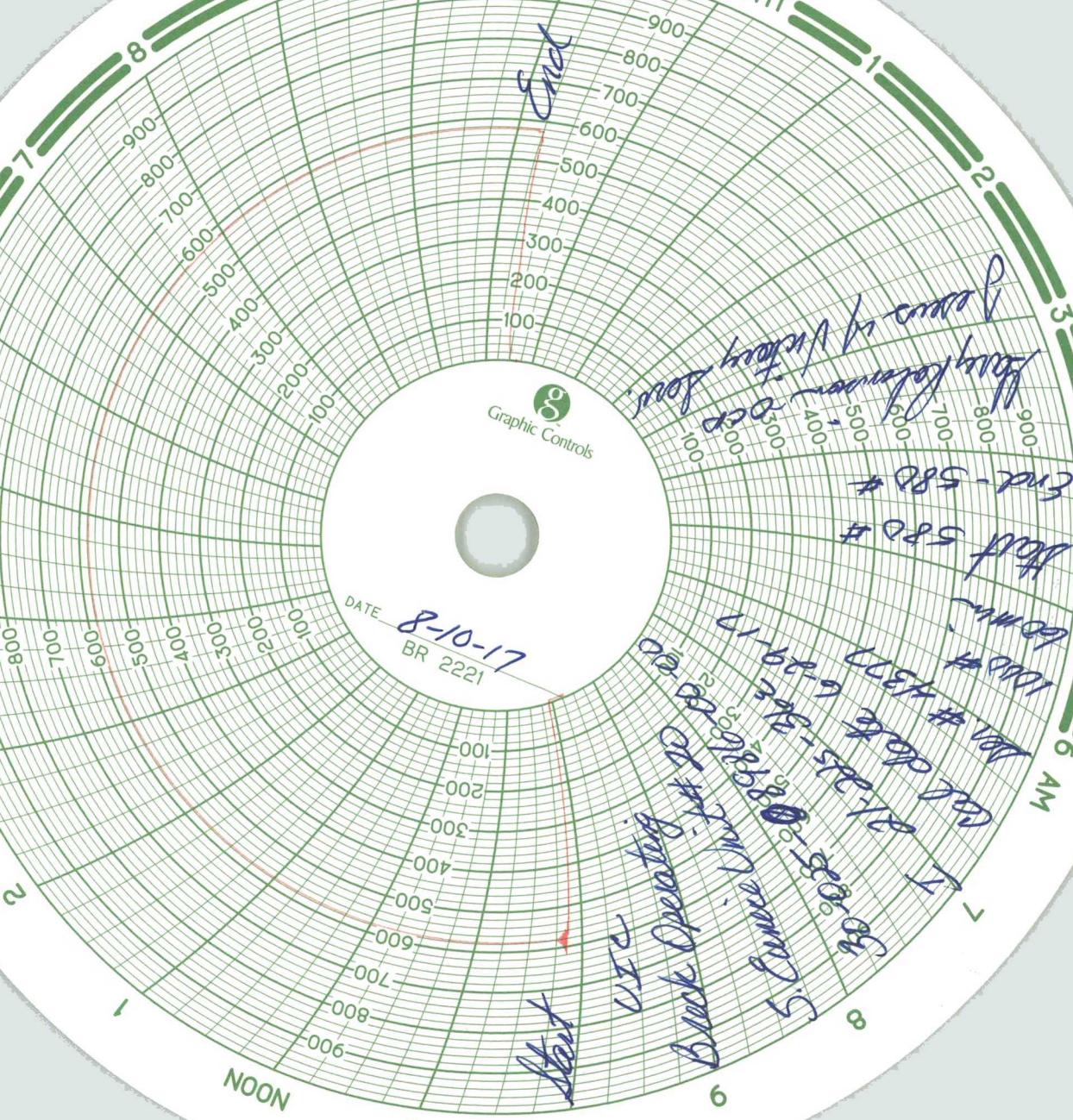
For State Use Only

APPROVED BY: **Mary Brown** TITLE **AO/II** DATE **8/21/2017**

Conditions of Approval (if any):

**RBDMS-CHART-✓**







HOBBS OCD

AUG 16 2017

RECEIVED

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

2. Surface Location

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

Well Status

TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
						INJ					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	200
Flow Characteristics					
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	