

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

Form C-103
Revised July 18, 2013

HOBBS OGD
AUG 16 2017
RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-09187
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: Malay Brown TITLE AO/II DATE 8/21/2017

Conditions of Approval (if any):

RBDMS-CHART-✓

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

HOBBS OCD

AUG 16 2017

BRADENHEAD TEST REPORT

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

7. Surface Location

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

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	OIL	PRODUCER GAS	DATE 8-10-17
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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 —
Surges	Y/N	Y/N	Y/N	Y/N	GAS —
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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>Larry Robinson</i> 399-3220	