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 Office			_
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL APINO. 30-025-23468
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease  STATE FEE  FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON WE	ELLS	
(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.)			7. Lease Name or Unit Agreement Name STATE H
1. Type of Well: OIL GAS WELL WELL WELL			
2. Name of Operator BRECK OPERATING CORP.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
4. Well Location	NODTH	1.00	TAGT
Unit LetterG: 1650	D Feet From The NORTH	Line and165	Feet From The EAST Line
Section 17	Township 22 S Rai	nge 36 E	NMPM LEA County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	:.)
11. Check A	ppropriate Box to Indicate	e Nature of Noti	ce, Report, or Other Data
NOTICE OF IN	· • •		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
FEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed C work) SEE RULE 1103.	peration <b>(Clearly state all pertinent de</b>	tails, and give pertinent	dates, including estimated date of starting any propos
9-9-03 set c.i.b.p. @ 36 spot 25 sks 2890' W.O.C.			160000000000000000000000000000000000000
9-10-03 SPOT 25 SKS @ 1440-1340			02-
PERF & SQUEEZE 380' 25 S SPOT 10 SKS 60-SURFACE	SKS W.O.C. & TAG @ 249		97, 5990H
CIRC MUD	Liability und	is to plugging of the der bond is retained	until
INSTALL P & A MARKER	surface rest	oration is completed	i.
I hereby certify that the information above is	s true and complete to the best of my knowle		
SIGNATURE TITLE CEMENTER			DATE 9-10-03
TYPE OR PRINT NAME SEFF KESTER			TELEPHONE NO.
(This space for State Use)		The second se	TERAL MANAGER
APPROVED BY House . C.	De DISTRIC	ET SUPERVISOR/GEN	DATE
CONDITIONS OF APPROVAL, IF ANY:			