

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

Submit 3 Copies
to Appropriate
District Office

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

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LC 062178

7. Lease Name or Unit Agreement Name

Milnesand Unit

8. Well No.
125

9. Pool name or Wildcat
Milnesand (San Andres)

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 Corp.

3. Address of Operator
P.O. Box 911, Breckenridge, TX 76024

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 7 Township 8S Range 35E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4252' (GR)

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: Temporarily Abandoned

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: _____

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.

Breck Operating Corp. requests permission to set a 4-1/2" CIBP with 3 sx (35') of cement on top in the subject well. The CIBP will be set at 4500' above the perforations from 4591-4662'. The casing will be pressure tested for temporary abandonment at a later date.

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

SIGNATURE Kevin G. Duncan TITLE Petroleum Engineer DATE 5-10-91
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: