

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM (Other) Commission
Artesia, NM 88210

Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Breck Operating Corp.

3. ADDRESS OF OPERATOR
P.O. Box 911, Breckenridge, Texas 76024

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit E: 1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3473' DF

5. LEASE DESIGNATION AND SERIAL NO.
NM-05876

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DeKalb Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Bitterlake San Andres,

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T10S, R25E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Shut In	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Breck Operating Corp. requests permission to shut in the subject well due to economic conditions. The well currently produces 1.5 BOPD and 1 BWPD. Iron sulphide scaling requires the down hole pump to be pulled every 2-3 weeks. Chemical treatment to remedy the situation is being sought.



18. I hereby certify that the foregoing is true and correct

SIGNED Kenn G. Sullivan TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE 5/8/89

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE MAY 30 1989

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side