

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY AUG 15 1984 O. C. D. ARTESIA, OFFICE </div>
2. NAME OF OPERATOR Breck Operating Corp. ✓	
3. ADDRESS OF OPERATOR 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 990' FNL & 990' FWL of Section 27, T-10S, R-25E	
14. PERMIT NO. N/A	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3475' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DeKalb Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Bitter Lake (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

27, 10S, 25E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

PLUGGING PROCEDURE AS PER MR. CHESTER:

1. 20 sx cement on bottom - 160' *Tag plug.*
2. 15 sx cement 400-500'
3. 10 sx cement from surface down.



P.W.C.

Well to be plugged as soon as possible.

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

SIGNED

J. P. Chester

TITLE

Production Manager

DATE

8-2-84

(This space for Federal or State Approval)

APPROVED

APPROVED BY

(Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 10 1984

*See Instructions on Reverse Side

