

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NMOCC Order No. R-2658

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

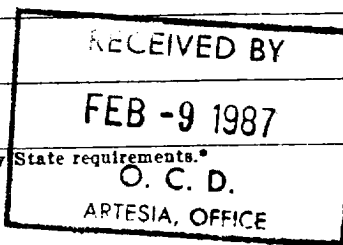
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ SWD

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
1315' FSL & 1375' FWL



7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mary Ann Cannon

9. WELL NO.
8Y

10. FIELD AND POOL, OR WILDCAT
Bitterlake SA South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-10-S, R-25-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3477' GR

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

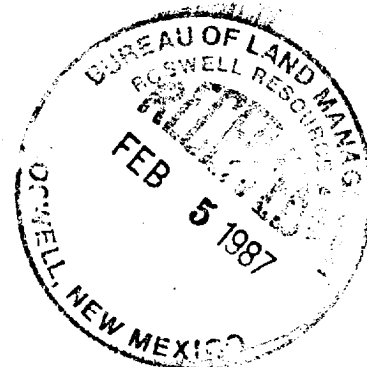
SUBSEQUENT REPORT OF:

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.)*

The injection pressure on the above mentioned well has increased above the authorized injection pressure. On February 24, 1987 at 2:00 PM, we are going to acidize the well with 500 gal. of 15% HCl acid. This should reduce the injection pressure below the authorized injection pressure.



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

SIGNED Kevin G. Duncan
Kevin G. Duncan

TITLE Petroleum Engineer

DATE 2-2-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side