

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD ;
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NND60-3160-4

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"/>		2. NAME OF OPERATOR Breck Operating Corp.		3a. Area Code & Phone No. (817) 659-3355		5. LEASE DESIGNATION AND SERIAL NO. NMLC 049648B	
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 Letter "O"; 990' FSL & 1650' FEL		8. FARM OR LEASE NAME Compton Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3420' GR		9. WELL NO. 1		7. UNIT AGREEMENT NAME	
				10. FIELD AND POOL, OR WILDCAT Red Lake Queen Grayburg			
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-18S, R-27E			
				12. COUNTY OR PARISH Eddy		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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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 checked="" 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.)

COMPLETED OPERATIONS

08/16/90: MIRU. Press up on tbg to 500#. Held O.K. POOH w/ 70-5/8" rods. Lower tbg & tag PBTD. POOH & tallied 2-3/8" tbg. PBTD @ 1825'. RIH w/ 61 jts 2-3/8" tbg & SN (1791'), perf sub (4'), & tbg sub (8'). SDON.

08/17/90: Pmp 500 gal 15% HCl acid down tbg. Flush w/ 8 bbls 2% KCl water. Well on vac. RIH w/ rods & pmp. Hung well on. RDMO.

08/18/90: Pmpd 43 BO 0 BW in 24 hrs.

08/19/90: Pmpd 27 BO 0 BW in 24 hrs.

RECEIVED
AUG 22 10 10 AM '90
O&E
AREA HEADQUARTERS

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

SIGNED [Signature] TITLE Petroleum Engineer

DATE 08/20/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side