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| Form 3150-15 (November 1983) (Formerly Form 3150-15) U.S. OIL CONS. COMMISSION UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88241 | SUBMIT IN TRIPLICATE* (Other instructions on reverse side) | Form approved. Budget Bureau No. 1004-0135 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.) | | 5. LEASE DESIGNATION AND SERIAL NO. LC-061278 & 060987 |
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 2. NAME OF OPERATOR Breck Operating Corp. | | 7. UNIT AGREEMENT NAME Milnesand S.A. Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 911, Breckenridge, Texas 76024 | | 8. FARM OR LEASE NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface #510-Sec. 13-T8S-R34E #52&516-Sec. 24-T8S-34E #42&44-Sec. 14-T8S-R34E #210&213-Sec. 20-T8S-R35E | | 9. WELL NO. 42,44,52,210,213,510,516 |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Various | 10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13,14,20 & 24 T8S-R34E & R35E 12. COUNTY OR PARISH Roosevelt 13. STATE New Mexico |

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

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| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <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.)*

All of the above wells are currently temporarily abandoned and have been for many years. After a unit study it has been decided that these wells should be plugged and abandoned. This will require the approval of our unit partners. This notice is to notify the B.L.M. that we are waiting on this approval and at such time as we receive it we will send in individual plugging procedures for each well.

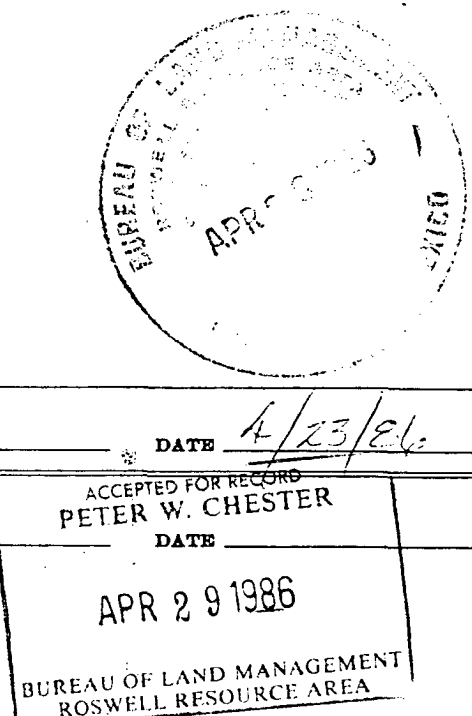
18. I hereby certify that the foregoing is true and correct.

SIGNED *Peter W. Chester* TITLE Petroleum Engineer DATE 4/23/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____



*See Instructions on Reverse Side