Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-09002

5. Indicate Type of Lease Federal
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name:
SOUTH EUNICE UNIT

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other INJECTION

2. Name of Operator
BRECK OPERATING CORP.

8. Well No.
9

3. Address of Operator
P.O. BOX 911, BRECKENRIDGE, TEXAS 76424

9. Pool name or Wildcat
EUNICE 7 RIVERS QUEEN, SO

4. Well Location

Unit Letter F : 2310 feet from the NORTH line and 1980 feet from the WEST line

Section 22 Township 22S Range 36E NMPM LEA County

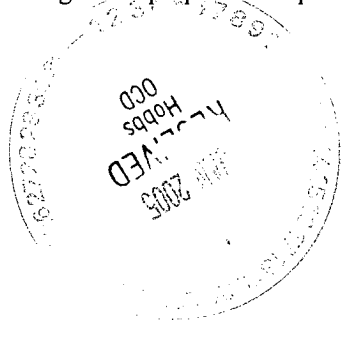
10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: MIT			☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Attached is a successful MIT witnessed by B. Hill and dated 1-5-04



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

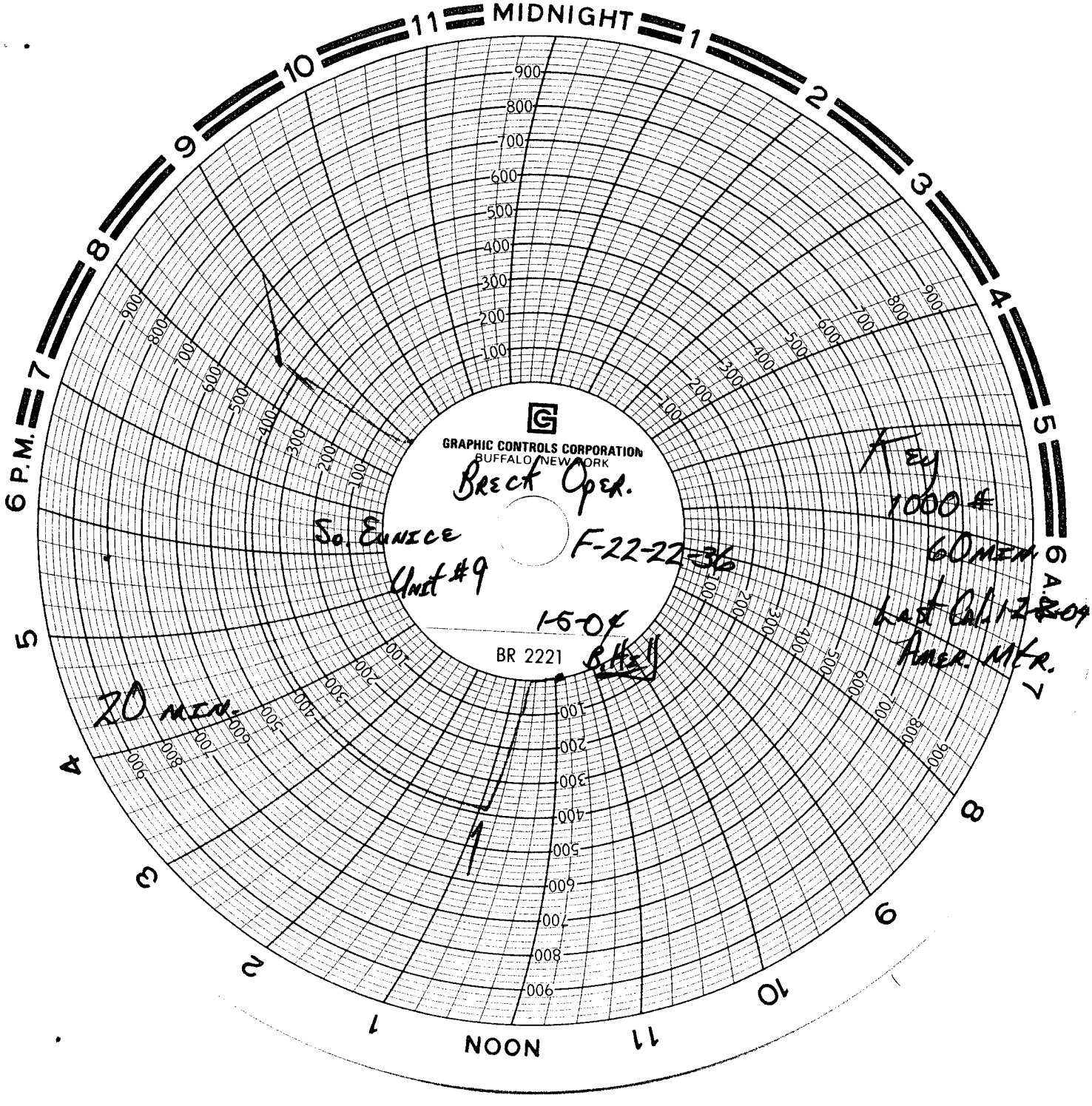
SIGNATURE Linda Venekamp TITLE PRODUCTION CLERK DATE January 11, 2005

Type or print name LINDA VENEKAMP Email: lvenekamp@breckop.com Telephone No. (254) 559-3355

(This space for State use)

APPPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JAN 21 2005

Conditions of approval, if any:


MIDNIGHT
NOON
6 P.M.
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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
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Unit #9
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Last Cal. 12-8-09
Amer. Mfr.