

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-09073
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Eunice Unit
8. Well Number 41
9. OGRID Number 2799
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other **Injection**

2. Name of Operator **Breck Operating Corp.**

3. Address of Operator **P O Box 911 Breckenridge Texas 76424**

4. Well Location
 Unit Letter **E**: **1980** feet from the **N** line and **660** feet from the **W** line
 Section **28** Township **22S** Range **36E** NMPM County **Lea**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 Year MIT test <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Performed 5 year MIT for UIC program
 Hobbs OCD District 1
 Chart and Bradenhead test attached

Spud Date: Rig Release Date:

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

SIGNATURE *Kevin Breckel* TITLE Production Superintendent DATE 6-24-15

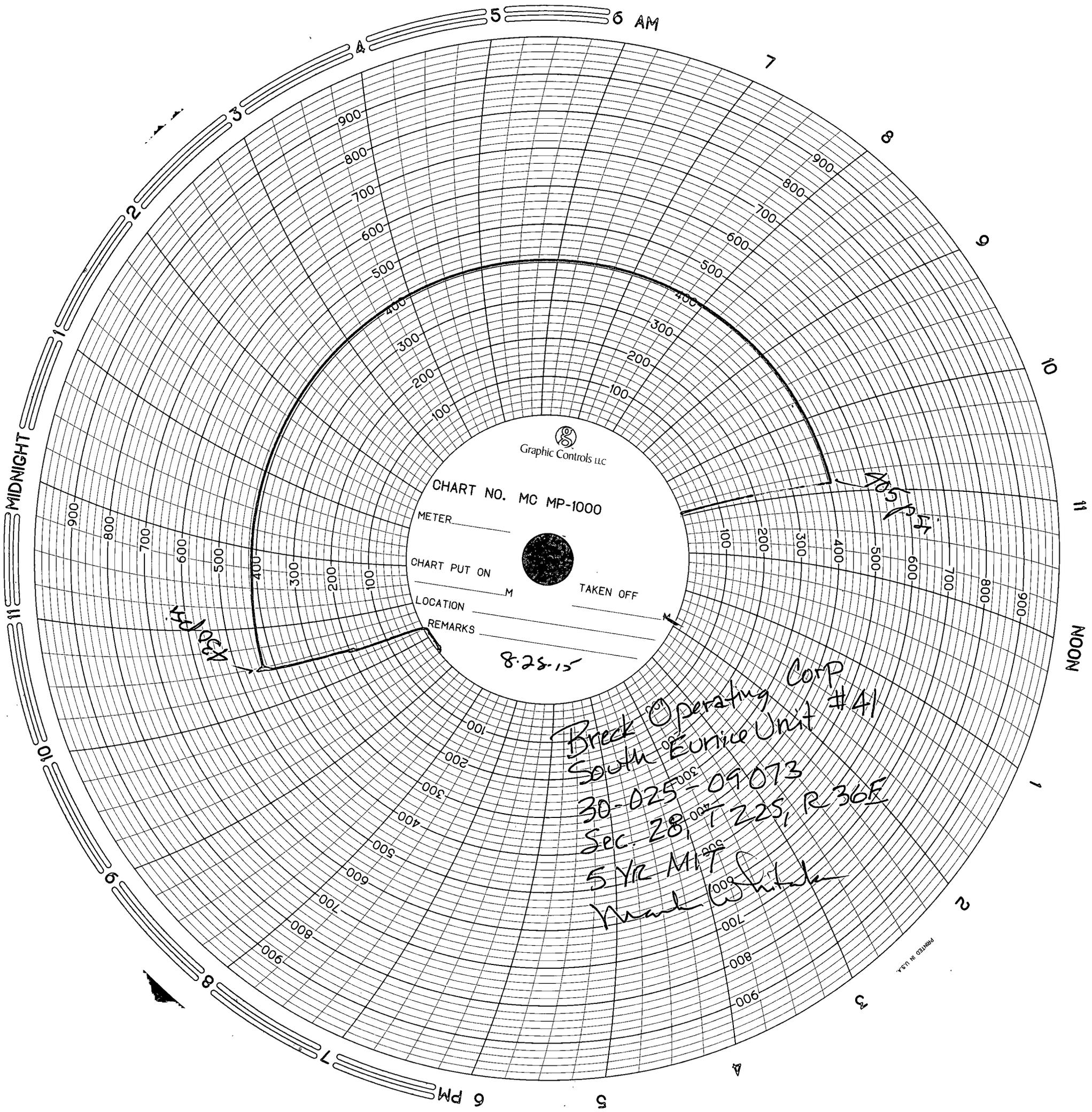
Type or print name Kevin Breckel E-mail address: kbreckel@breckop.com PHONE: 254-559-0881

For State Use Only

APPROVED BY: *Billy Newman* TITLE Staff Manager DATE 9/23/2015
 Conditions of Approval (if any):

SEP 24 2015

BN



Graphic Controls LLC

CHART NO. MC MP-1000

METER _____

CHART PUT ON _____ M

TAKEN OFF _____

LOCATION _____

REMARKS _____

8.28.15

Breck Operating Corp
South of Eunice Unit #41
30-025-09073
Sec. 28, T 22S, R 36E
5 YR MIT
Mark White

405 P.H.

425 P.H.

PRINTED IN U.S.A.