Submit 3 Copies To Appropriate District Office District I	State of New Mexico			Form C-103
1625 N. French Dr., Hobbs, NM 88240 District if	Energy, Minerals and Natural Resources		WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		30-025-09 <b>19</b> 4	1 don't
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Leas	FEE $\square$
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease 025432	
	TICES AND REPORTS ON WELL	<u> </u>		
(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)			8. Well Number 43	
2. Name of Operator BRECK OPERATING CORP.			9. OGRID Number 002799	
3. Address of Operator P.O. BOX 911, BRECKENRIDGE, TEXAS 76424			10. Pool name or Wildcat	
4. Well Location			EUNICE 7 RIVERS QUI	EEN, SO
Unit Letter I :	1980 feet from the SOUT	Hline and66(	) feet from the EAST	Γ 1:
Section 29	Township 22S	Range 36E		<u>Γ</u> line ounty
His Committee of the second	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.)		ouncy
Pit or Below-grade Tank Application C	3526 GL or Closure 🗆			and the part of
Pit type Steel Depth to Groundwater_	300' Distance from nearest fresh water	er wellDista	ance from nearest surface water	r >1000'
Pit type <u>Steel</u> Depth to Groundwater <u>300'</u> Distance from nearest fresh water well <u>&gt;1000'</u> Distance from nearest surface water <u>&gt;1000'</u> Pit Liner Thickness: mil Below-Grade Tank: Volume <u>bbls</u> ; Construction Material				
12. Check A	Appropriate Box to Indicate N	lature of Notice, I	Report or Other Data	
NOTICE OF IN		1		25.26
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			SEQUENT REPORT	TOP ?>> ING CASING □
TEMPORARILY ABANDON	CHANGE PLANS	LING OPNS D P AND	7-2 / —	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB (97)	15 800 6
OTHER:		OTHER: Repair	r Casing Lear panis	KIN
13. Describe proposed or comp	leted operations. (Clearly state all p		give pertinent dates, include	ding estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
			0111213	1681
10-13-05 MIRU. ND WH. NU BOP. Re 10-14-05 Open well up. TIH to 1600'. S	set BP. Set nkr (a) 1548' RU numn truct	k Test RP to 500# Dat	ango mlen Const 1 1 DOX	J to 245'
10-14-05 Open well up. TIH to 1600'. Set BP. Set pkr @ 1548'. RU pump truck. Test BP to 500#. Release pkr. Spot 1 sx sand. POH to 345'.  10-17-05 RU cement company. Pump 2 bbls fresh water thru retainer. Set retainer @ 345'. Establish injection rate @ ½ bbl/min @ 400#. Mix & pump 50 sxs Class C with 4/10% C-16A, 3/10% C-41P. Mix @ 14.8#/gal., 25 sxs Class C with 3/10% C-41P @ 14.8#/gal. Displace, left 2 bbls				
cement in tbg. Hesitate squeeze	e last 2 bbls. Squeeze pressure 500# Sti	ing out of retainer. Tran	0% C-41P @ 14.8#/gal. Disp	lace, left 2 bbls
- 5 - 5 2 mish i C DC 3. ICO ICVCI3C	UIII. 142 (W. 314 - Drill cement stringer	S to 3 (U' I) rill hard one	mant 220 2452 D.:!!	0.45 0.44
200# in 1 minute. Repeat 4 tim	es. POH & SD	it stringers to 531'. Circ	culate. Pressure csg to 500#.	Pressure dropped to
10-20-05 Finish LD tools. RIH w/retriev NU WH. RD.	ing tool & tbg. Wash sand off BP @ 16	600'. Retrieve BP & PC	OH. LD tools. TIH w/tbg open	ended. ND BOP.
Work to repair casing leak was unsuc	cessful. Breck will submit a propos	sed P&A procedure a	s soon as we receive WI ov	wner approval.
We also sent the attached Sundry to t	he BLM.			
I hereby certify that the information a	bove is true and complete to the be	st of my knowledge a	and belief. I further certify the	nat any nit or helow-
	losed according to NMOCD guidelines	], a general permit 🔲 or	an (attached) alternative OCD	-approved plan □.
SIGNATURE Donald (	rang TITLE D	istrict Engineer [	DATENovember 1, 20	005
Type or print name DONALD CRAIG E-mail address: dcraig@breckop.com Telephone No. (254) 559-3355 ext 269				
APPROVED BY: Hay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGES DA NOV 0 8 2005 Conditions of Approval (if and):				
Conditions of Approval (if app):	TITLE TITLE	JLIVIATIVE II/ST	AFF MANAGER DA NO	<del>√ 0 8 2005</del>