Submit 1 Copy To Appropriate District Office State of New Mexico	
District I – (575) 393-6161 Energy, Minerals and Natural I 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283	30-025-04072
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1220 South St. Francis	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	AN 2 2 2016 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	State Oil & Gas Lease No.
87505	RECEIVED
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU	ICH State 17 20
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 001
2. Name of Operator Breck Operating Corp.	9. OGRID Number 2799
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 911, Breckenridge, TX 76424	Eumont: Yates-7 Rvrs-Queen (Oil)
4. Well Location	
Unit Letter M: 660' feet from the South line	e and 660' feet from the West line
Section 26 Township 19S Rar	V
11. Elevation (Show whether DR, RK.	
3710' DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
	MEDIAL WORK ALTERING CASING
	DMMENCE DRILLING OPNS. P AND A
	SING/CEMENT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
	HER:
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.	
	* SMRID man.
	G 184 - C A
Set CIBP within 100' of top perf (2748')	Condition of Approval: notify
Circ hole w/ 2% KCL	OCD Hobbs office 24 hours
D 0 100	
Request approval for TA Status for economic reasons.	rior of running MIT Test & Chart
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 Zune Mudeuron TITLE V.P. Operations DATE January 18, 2016	
*1 I	nnderwood@breckop.com PHONE: (254) 559-3355
For State Use Only	
APPROVED BY: Maley Shown TITLE Dust Supervisor DATE 1/25/2014 Conditions of Approval (if any):	