

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. 30-025-04072
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State A 26
8. Well Number 001
9. OGRID Number 2799
10. Pool name or Wildcat Eumont: Yates-7 Rivers-Queen (Oil)

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.)

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

2. Name of Operator
Breck Operating Corp.

3. Address of Operator
PO Box 911, Breckenridge, Texas 76424

4. Well Location
 Unit Letter M : 660 feet from the South line and 660 feet from the West line
 Section 26 Township 19S Range 36E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3710' DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: Repair and MIT well ☐

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.

Passed MIT & Corrected violation

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 2-2-16

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

APPROVED BY: Beth Semanah TITLE Staff Manager DATE 2/5/16
 Conditions of Approval (if any):

FEB 08 2016

6 PM

5

4

3

2

1

NOON

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8

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6 AM

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2

1

MIDNIGHT

Graphic Controls

BR 2221

DATE 2-2-16

TALWELL
INITIAL TEST

PERFS
2748-3704
3970-4000
CIBP@ 2675'

005-145

BS
2/3/16

Victory
Cal 1-14-16
1000#
60mm

OBBS OCC
FEB 04 2016
RECEIVED

Dr. K Operator
State 4-26-11
M. Ser 267195, R36E
API 30-005-00072

Start 5500
Final 570
Time 38mm

Final 570