

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-09082

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
SOUTH EUNICE UNIT

8. Well No.  
45

9. Pool name or Wildcat  
EUNICE 7 RUVERS QUEEN SO.

**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 INJECTION

2. Name of Operator  
BRECK OPERATING CORP.

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

4. Well Location  
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 28 Township 22S Range 36E NMPM LEA County

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

11.

**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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

8-8-03

SPOT 35 SKS ON CIBP @ 3325'

SPOT 25 SKS 1700' W.O.C. & TAG @ 1444'

8-11-03

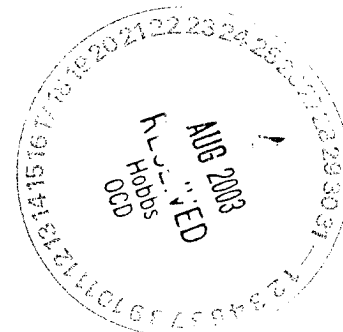
SPOT 35 SKS @ 350' W.O.C. & TAG @ 230'

SPOT 10 SKS 60' - SURFACE

INSTALL P & A MARKER

CIRC MUD

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.



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

SIGNATURE Jeff Kester TITLE CEMENTER DATE 8-11-03

TYPE OR PRINT NAME JEFF KESTER

TELEPHONE NO. 432-547-2926

(This space for State Use)

**OC FIELD REPRESENTATIVE II/STAFF MANAGER**

APPROVED BY Harry W. Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: