

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-025-35688

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

STATE H

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

BRECK OPERATING CORP.

3. Address of Operator

8. Well No.

5

9. Pool name or Wildcat

4. Well Location

Unit Letter G : 2310 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 17 Township 22 S Range 36 E 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.

9-5-03 C.I.B.P. @ 3450 W/ 25 SKS ON TOP  
SPOT 25 SKS 3000' W.O.C. & TAG @ 2875  
SPOT 25 SKS @ 1500-1400  
SPOT 25 SKS @ 500 W.O.C. NO TAG SPOT 25 SKS W.O.C. & TAG @ 180'  
SPOT 10 SKS 60-SURFACE

CIRC MUD  
INSTALL P & A MARKER

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 9-9-03

TYPE OR PRINT NAME JEFF KESTER

TELEPHONE NO.

(This space for State Use)

APPROVED BY Larry W. Wink OCT 03 2003

CONDITIONS OF APPROVAL, IF ANY:

OCD DISTRICT SUPERVISOR/GENERAL MANAGER