

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Milnesand Unit
2. NAME OF OPERATOR Breck Operating Corp.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024	9. WELL NO. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter M; 990' FSL & 330' FWL	10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
11. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-8S, R-35E
12. ELEVATIONS (Show whether DF, RT, GR, etc.) 4252' (DF)	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Temporary Abandonment	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

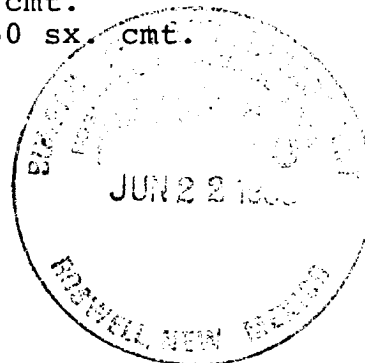
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Approval for temporary abandonment is requested for the above subject well due to economic conditions and/or mechanical problems.

WELLBORE DATA

Surface Casing: 8-5/8" 32# set @ 363' w/ 250 sx. cmt.  
Production Casing: 4-1/2" 11.6# set @ 4630' w/ 150 sx. cmt.  
Perforations: 4570'-4615'  
TD: 4630'  
PBDT: 4626'



18. I hereby certify that the foregoing is true and correct

SIGNED

*James G. Sullivan*

TITLE Petroleum Engineer

DATE 6/14/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR - MONTH PERIOD  
ENDING JUL 11 1990

\*See Instructions on Reverse Side

APPROVED  
BETTER W. CHESTER

JUL 11 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA