| CONDITIONS OF APPROVAL, IF A  | ANY:                           |                         |                              | TA e            | 'Africa                             | S-/-88               |
|---|--------------------------------|-------------------------|------------------------------|-----------------|-------------------------------------|----------------------|
|   | IED BY JERRY SEXTON            | TITLE                   |                              |                 | DATE                                | L 2 3 1987           |
| Keyin G. Duncar   |                                |                         | etroleum Enginee             |                 |                                     | y 20, 1987           |
| 18. I hereby certify that the informa   | tion above is true and comple  | te to the best o        | f my knowledge and belief.   |                 | <del></del>                         |                      |
|   |                                |                         |                              |                 |                                     |                      |
|   |                                |                         |                              |                 |                                     |                      |
|   |                                |                         |                              |                 |                                     |                      |
|   | •                              |                         |                              |                 |                                     |                      |
|   |                                |                         |                              |                 |                                     |                      |
| We reque  | est that the Milne             | sand Unit               | , Well #191 be t             | emporari        | ly abandone                         | d.                   |
| work) SEE RULE 1103.  |                                |                         |                              |                 |                                     |                      |
| OTHER  17. Describe Proposed or Completed   | d Operations (Clearly state al | l pertinent deta        | ils, and give pertinent date | es, including e | estimated date of st                | tarting any proposed |
| PULL OR ALTER CASING  | CHANGE P                       | LANS                    | CASING TEST AND CEMENT J     | о,в             |                                     |                      |
| PERFORM REMEDIAL WORK   | PLUG AND                       | ABANDON                 | REMEDIAL WORK                |                 |                                     | NG CASING            |
|   | k Appropriate Box To           | Indicate Na             | _                            |                 | er Data<br>REPORT OF:               |                      |
|   | 15. Elevation 423              | (Show whether L<br>8 DF | OF, RT, GR, etc.)            |                 | 12. County Roosevelt                |                      |
| THE East LINE, SE   | CTION 13 TOWNS                 |                         |                              | NMPM.           |                                     |                      |
| UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM   |                                |                         |                              |                 |                                     |                      |
| 3. Address of Operator P.O. Box 911, Breckenndge, Texas 76024 4. Location of Well   |                                |                         |                              |                 | 191                                 |                      |
| 2. Name of Operator  Breck · Operating (  | Corp.                          |                         |                              |                 | g. Well No.                         | vame                 |
| I.  OIL X GAS  WELL OTHER-  |                                |                         |                              |                 | Milnesand Unit                      |                      |
| - 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.) |                                |                         |                              |                 | 7. Unit Agreement Name              |                      |
| OPERATOR  |                                |                         |                              |                 | 5. State Oil & Gas<br>LC-062178     | Lease No.            |
| U.S.G.S.  LAND OFFICE   | <u> </u>                       |                         |                              |                 | State                               | Fee. X               |
| FILE  |                                |                         |                              | Г               | 5a. Indicate Type o                 | of Lease             |
| DISTRIBUTION<br>SANTA FE  |                                |                         |                              | l               | C-102 and C-103<br>Effective 1-1-65 |                      |
| NO. OF COPIES RECEIVED  |                                |                         |                              | •               | Form C-103 Supersedes Old           | ı                    |

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