Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. LC 062178

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. Lease Name or Unit Agreement Name: Milnesand Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Breck Operating Corp.

8. Well No. 172

3. Address of Operator: P. O. Box 911, Breckenridge, TX 76424

9. Pool name or Wildcat: Milnesand (San Andres)

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 14 Township 8S Range 34E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4282' (RT)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Set CIBP & cmt			☒

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.

7/1/91: RU WL Mast Unit. Could not remove flange. RD WL. MIRU PU. Found tbg in hole (no record of tbg). POOH & LD 146 jts 2-3/8" tbg.

7/8/91: MIRU WL Mast Unit. RIH w/ GR to 4550' & set 7-5/8" CIBP @ 4550' w/ 8 sx cmt on top. RDMO.

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

SIGNATURE Belinda Lawler TITLE Production Clerk DATE 7-11-91

TYPE OR PRINT NAME Belinda Lawler (817)559-3355 TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE JUL 18 1991

CONDITIONS OF APPROVAL, IF ANY: