

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL COM. PERMIT NO. 88240
HOBBS, NEW MEXICO

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO
LC-060978
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ WIW
2. NAME OF OPERATOR
Breck Operating Corp.
3. ADDRESS OF OPERATOR
P.O. Box 911, Breckenridge, Texas 76024
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit D, 660' FN & WL
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4237' DF
7. UNIT AGREEMENT NAME
Milnesand Unit
8. FARM OR LEASE NAME
9. WELL NO.
35
10. FIELD AND POOL, OR WILDCAT
Milnesand (San Andres)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-8-S, R-35-E
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACATURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACATURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

10/13/87: MIRU to repair packer leak.
10/14/87: POOH w/ 4171' of 2-3/8" plastic coated tubing, plastic coated Baker Lok-Set packer, and On-Off tool. Had packer redressed.
10/15/87: RIH w/redressed 2-3/8" X 7-5/8" Baker Lok-Set packer and On-Off tool on 2-3/8" plastic coated tubing. Tested tubing to 5000 psi. All joints O.K. Set packer @ 4449'. Tried to get off packer. On-Off tool would not release. Unseated packer and circulated w/packer fluid. Set packer and ran chart on casing. Pressured up to 420#, bled off to 390# in 30 min. O.K. Tied onto tubing, pressured up to 700#. Communicated. Tried to pack off packer. Pressured up again and communicated. Ran another chart on casing, pressured up to 390#, bled to 365# in 30 minutes.
10/16/87: Unseat packer. POOH w/tubing and packer. Removed On-Off tool. Tool was backed off and looked like it had been leaking. RIH w/packer and tubing. Set packer at 4446.95'. Packer still leaking. POOH w/1 jt. set packer. Packer still leaking. POOH w/1 jt. set packer at 4380.68'. Held O.K. Circulated hole w/packer fluid. Ran chart on casing, pressured up to 400# held for 30 min. Returned well to injection.

** Perforations: 4549-4635', packer set at 4381'. Packer set 168' above perfs because we had problems getting packer set.

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

SIGNED Kevin G. Duncan

TITLE Petroleum Engineer

DATE 10/26/87

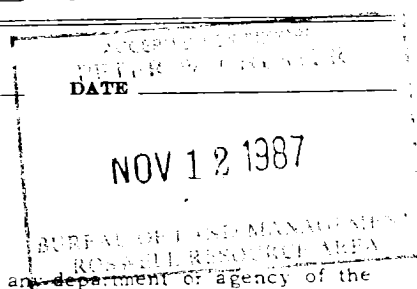
(This space for Federal or State office use)

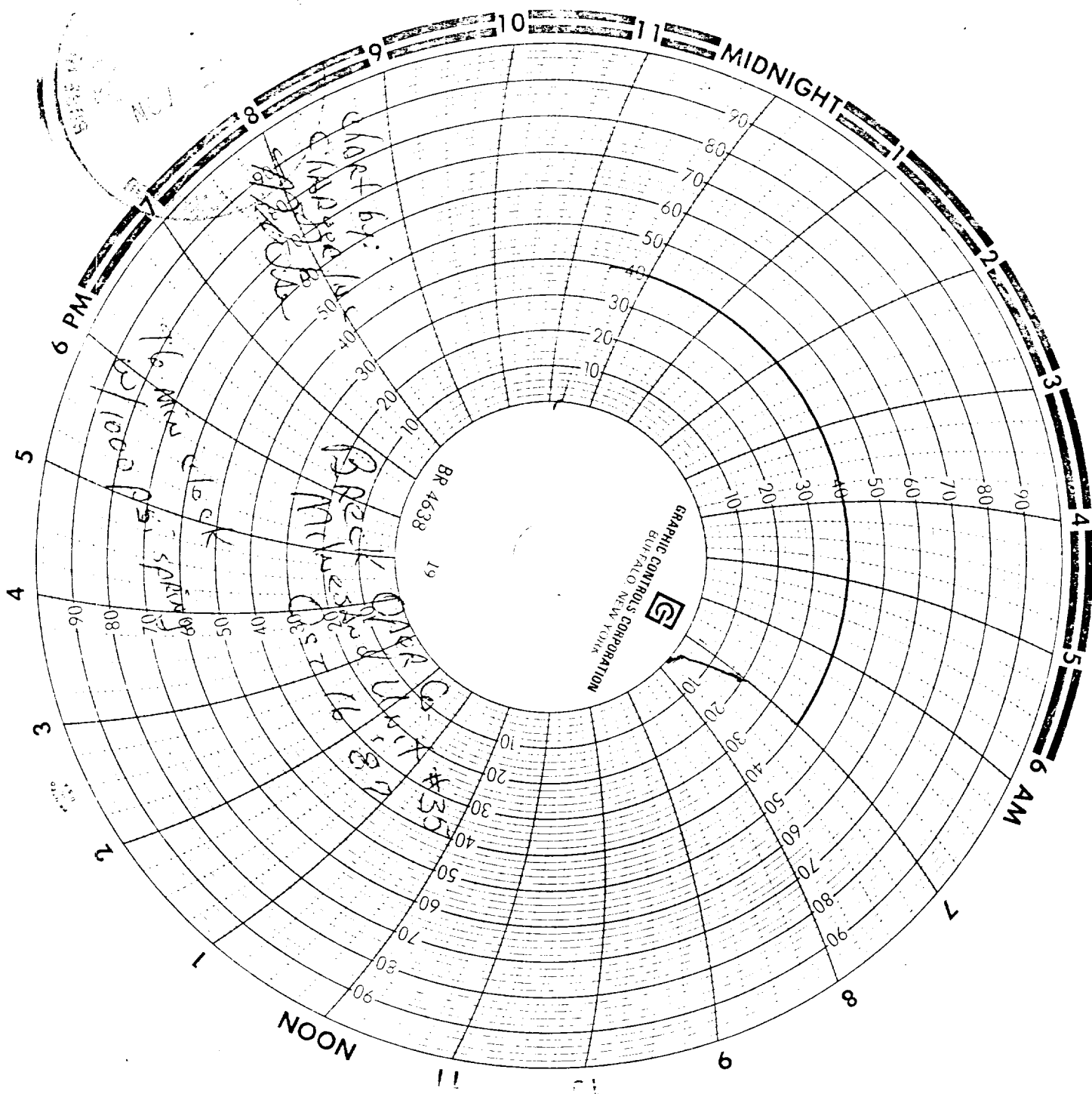
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side





RECEIVED

NOV 13 1981

CCCD

HOBBBS OFFICE