

Form 3160-5  
(July 1989)  
(Formerly 9-331)

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88401  
OFFICE PERSON 240  
OF COPIES REQUIRED  
(Other instructions on reverse side)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

BM Roswell District  
Modified Form No.  
NMD60-3160-4

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"/>		3a. Area Code & Phone No. (817) 559-3355		5. LEASE DESIGNATION AND SERIAL NO. LC 062178
2. NAME OF OPERATOR Breck Operating Corp.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, TX 76424				7. UNIT AGREEMENT NAME Milnesand Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Unit Letter "B"; 660' FNL & 1980' FEL				8. FARM OR LEASE NAME
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4256' (GR)		9. WELL NO. 52
				10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T-8S, R-34E
		12. COUNTY OR PARISH Roosevelt		13. STATE NM

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 type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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 checked="" 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.) \*

8-6-91: Surface reclamation complete and ready for inspection.

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

SIGNED Belinda Lawler

TITLE Production Clerk

DATE 8-6-91

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE Chief of Minerals

DATE 4-19-92