

Form 200-15
(November 1985)
(Formerly Form 200-15)

U.S. OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBBS, NEW MEXICO 88260

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. **WELL TYPE**
OIL ☒ GAS ☐ WELL ☐ OTHER ☐

2. **NAME OF OPERATOR**
Breck Operating Corp.

3. **ADDRESS OF OPERATOR**
P. O. Box 911, Breckenridge, Texas 76024

4. **REPORT LOCATION CLEARLY AND IN ACCORDANCE WITH ANY STATE REQUIREMENTS.**
(See space 17 below)
At surface:
#510-Sec. 13-T8S-R34E #52&516-Sec. 24-T8S-34E
#4234-Sec. 14-T8S-R34E
#2100213-Sec. 20-T8S-R35E

5. **PERMIT NO.**
16. **ELEVATIONS (Show whether OF, RT, GR, etc.)**
Various

7. **UNIT AGREEMENT NAME**
Milnesand S.A. Unit

8. **FARM OR LEASE NAME**

9. **WELL NO.**
42,44,52,210,213,510,516

10. **FIELD AND POOL, OR WILDCAT**
Milnesand (San Andres)

11. **SEC., T., R., M., OR BLK. AND SURVEY OR AREA**
Sec 13,14,20 & 24
T8S-R34E & R35E

12. **COUNTY OR PARISH**
Roosevelt

13. **STATE**
New Mexico

18. **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 checked="" 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.)**

All of the above wells are currently temporarily abandoned and have been for many years. After a unit study it has been decided that these wells should be plugged and abandoned. This will require the approval of our unit partners. This notice is to notify the B.L.M. that we are waiting on this approval and at such time as we receive it we will send in individual plugging procedures for each well.

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

SIGNED Peter W. Chester TITLE Petroleum Engineer DATE 4/25/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
APR 29 1986
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side