State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 **OIL CONSERVATION DIVISION** DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 **DISTRICT II** P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE STATE Federal ) DISTRICT III 6 State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 LC 060978 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Milnesand Unit 1. Type of Well: OIL WELL GAS WELL OTHER WIW 2. Name of Operator 8. Well No. 514 Breck Operating Corp. 9. Pool name or Wildcat 3. Address of Operator Milnesand (San Andres) P.O. Box 911, Breckenridge, Texas 76024 4. Well Location \_\_\_ Line and 1980 J: 1980 Feet From The South East Feet From The Line Township 34E NMPM Roosevelt Range County Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4241' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER:.

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.

Breck Operating Corp. requests permission to temporarily abandon the subject well. The well no longer contributes to the flood performance.

| (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON   | OGT 1 0 1989               |
|--|----------------------------|
| TYPEOR PRINT NAME Kevin G. Duncan  | тецерноме NO. 817/559-3355 |
| SIGNATURE SIGNATURE Petroleum Engir  | neer DATE 10/06/89         |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                            |

DISTRICT I SUPERVISOR

TILE

CONDITIONS OF APPROVAL, IF ANY:

TA expire 10-1-90

APPROVED BY