Submit 3 Copies to Appropriate District Office	State of New Me Energy, Minerals and Natural Re		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesis, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			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			7. Lesse Name or Unit Agreement Name	
(FORM (RVOIR. USE "APPLICATION FOR PEF C-101) FOR SUCH PROPOSALS.)		7. Lette Name of Onic Agreement Name	
1. Type of Well: OE WELL			Milnesand Unit	
2 Name of Operator Breck Operating	g Corp.		8. Weil No. 142	
3. Address of Operator P.O. Box 911, Breckenridge, TX 76024			9. Pool manne or Wildcat Milnesand (San Andres)	
4. Well Location Unit Letter <u>L</u> : <u>19</u>	80 Feet From The South	Line and66) Feet From The West Line	
Section 12	Township 8S Rai	nge 34E	NMPM Roosevelt County	
	4266' (RKB)		
n. Check NOTICE OF IN	Appropriate Box to Indicate N TENTION TO:	•	Report, or Other Data BSEQUENT REPORT OF:	
		REMEDIAL WORK		
		COMMENCE DRILLIN		
ULL OR ALTER CASING				
OTHER: Temporarily Ab	andoned X	OTHER:		
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	zisions (Clearly state all pertinent details, an	d give pertinent dates, incl	uding estimated date of starting any proposed	
Breck Operating	Corn, requests per	mission to se	A = 4 - 1/2" CTBP with	

Breck Operating Corp. requests permission to set a $\frac{4-1/2"}{4-1/2"}$ CIBP with $\frac{3}{2}$ sx (35') of cement on top in the subject well. The CIBP will be set at $\frac{4500'}{4500'}$ above the perforations from $\frac{4596-4628'}{4596-4628'}$. The casing will be pressure tested for temporary abandonment at a later date.

I hereby certify that the information above is rule and complete to the best of my in SIGNATURE Kevin G. Duncan TYPE OR FRINT NAME	me Petroleum Engineer	DATE5-10-91 TELEPHONE NO.
(This space (or State Use)		
APPROVED BY	mue	DATE
DNDITIONS OF APPROVAL, IF ANY:		