

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

N. M. OIL CONS. COMMISSION
SUBMIT IN TRIPlicate
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)		5. LEASE DESIGNATION AND SERIAL NO. 8910115740
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Milnesand Unit
2. NAME OF OPERATOR Breck Operating Corp.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		9. WELL NO. 133
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter G; 1980' FNL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-8S, R-35E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4259' (DF)	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 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporary Abandonment</u> <input checked="" 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.)*

Approval for temporary abandonment is requested for the above subject well due to economic conditions and/or mechanical problems.

WELLBORE DATA

Surface Casing: 8-5/8" 24# set @ 427' w/ 130 sx. cmt.
 Production Casing: 4-1/2" 9.5# set @ 4688' w/ 350 sx. cmt.
 Perforations: 4570'-4665'
 TD: 4700'
 PBTD: 4672'



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

SIGNED *John G. Tulcan* TITLE Petroleum Engineer DATE 6/14/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR ¹² MONTH PERIOD
 ENDING **JUL 11 1990**
 *See Instructions on Reverse Side

APPROVED	
PETER W. CHESTER	
DATE	JUL 11 1989
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	