

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTCONTACT RECEIVED  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)BLM Roswell District  
Modified Form No.  
NM060-3160-4

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW  |  | 7. UNIT AGREEMENT NAME<br>Milnesand Unit                     |  |
| 2. NAME OF OPERATOR<br>Breck Operating Corp.  |  | 3a. Area Code & Phone No.<br>(817) 559-3355                  | 8. FARM OR LEASE NAME  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 911, Breckenridge, TX 76024  |  | 9. WELL NO.<br>310   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>Unit letter "F"; 1980' FNL & 1909' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Milnesand (San Andres)     |  |
| 14. PERMIT NO.  |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4236.6' GR | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19, T-8S, R-35E |
|   |  | 12. COUNTY OR PARISH<br>Roosevelt                            | 13. STATE<br>NM  |

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

## SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>           |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.) \*

The Milnesand Unit, well #310 developed a packer leak on 4-23-91 and was SI. The well was repaired as follows:

- 4-25-91: MIRU. Tbg loose from pkr. POOH w/ tbg & top mandrel off pkr. SD.
- 4-26-91: RIH w/ bumper sub & center spear on tbg. Caught pkr & pushed down hole to 4680'. Perfs @ 4618-46' & 4664-80'. POOH w/ tbg, tools & pkr. Recovered everything but bottom mandrel on pkr (approx 2'). RIH w/ bit & scraper on tbg to 4695'. Circ hole clean w/ 100 BW. POOH w/ tbg & tools. SDFWE.
- 4-29-91: RIH w/ new pkr & tbg. Tst tbg in hole to 5000#. Set pkr @ 4531'. Press tst csg to 380# for 18 min. No bleed off. Chart included. Return well to inj. RDMO.

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

SIGNED

Kevin G. Duncan

TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

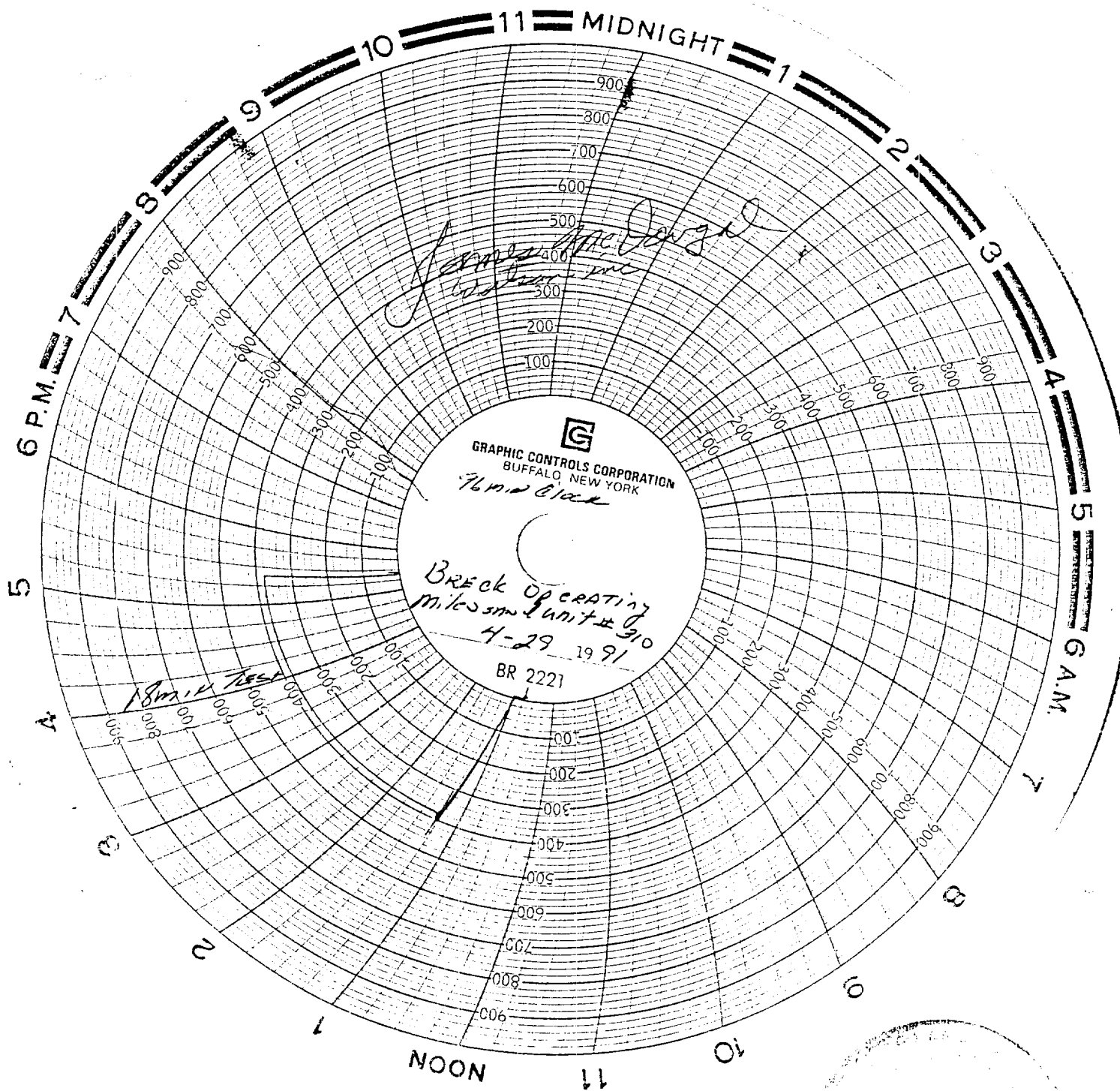
TITLE

DATE

MAY 23 1991

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE UNIT

\*See Instructions on Reverse Side



RECEIVED

MAY 24 1991

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MOBILE OFFICE