

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NM 88241

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
CASE DESIGNATION AND SERIAL NO.
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 different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

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. 311
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 1980' FEL, Unit Letter B	10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8S, R-35E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4241' KB	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:

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 PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to WIW	

(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.)*

WELL HISTORY:

Surface Casing: 8-5/8" 24# set @ 359' w/225 sx. circ. in 12-1/4" hole.
Production Casing: 4-1/2" 10.5# set @ 4720' w/200 sx. in 7-7/8" hole.
TOC @ ± 3943'
Perforations: 4566'-4646'
TD: 4687'

CONVERSION PROCEDURE:

1. POOH w/ rods and tubing.
2. RIH w/ 4-1/2" Baker Loc-Set packer and 145 jts. of 2-3/8" plastic coated tubing.
3. Set packer @ 4511'.
4. Pressure tested casing and ran chart. Chart accepted by NMOCC representative Jack Griffen.

Injection started 9/26/88

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

SIGNED Kim G. Duncan

TITLE Petroleum Engineer

DATE 9/28/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
SUBJECT TO LIKE
APPROVAL BY STATE

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

OCT 20 1988

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA