

UNITED STATES N. M. OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Form approved.  
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 060978	
2. NAME OF OPERATOR Breck Operating Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		7. UNIT AGREEMENT NAME Milnesand Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter B, 660' FNL & 1980' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, BT, GR, etc.) 4241' KB	9. WELL NO. 311	10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8S, R-35E	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) <input type="checkbox"/>	
(Other) Convert to WIW <input checked="" 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.)\*

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/ Baker Loc-Set packer & 2-3/8" plastic lined tubing
3. Set packer @ 4500'

18. I hereby certify that the foregoing is true and correct  
SIGNED Lynn G. Duncan TITLE Petroleum Engineer DATE 7/8/88  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_  
SUBJECT TO LIKE  
APPROVAL BY STATE

\*See Instructions on Reverse Side

