

Form 310-15 OIL CONS. COMMISSION UNITED STATES
(November 1985) DEPARTMENT OF THE INTERIOR
(Formerly BUREAU OF LAND MANAGEMENT)
P.O. BOX 1980 HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bulletin No. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-061278 & 060987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Milnesand S.A. Unit

8. FARM OR LEASE NAME

9. WELL NO.
42(44) 52, 210, 213, 510, 516

10. FIELD AND POOL, OR WILDCAT
Milnesand (San Andres)

11. SEC., T., R., M., OR ELM. AND SURVEY OR AREA
Sec 13, 14, 20 & 24
T8S-R34E & R35E

12. COUNTY OR PARISH 13. STATE
Roosevelt New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Breck Operating Corp.

3. ADDRESS OF OPERATOR
P. O. Box 911, Breckenridge, Texas 76024

4. WELL TYPE (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
#510-Sec. 13-T8S-R34E #52&516-Sec. 24-T8S-34E
#42&44-Sec. 14-T8S-R34E
#210&213-Sec. 20-T8S-R35E

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, OR, etc.)
Various

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

All of the above wells are currently temporarily abandoned and have been for many years. After a unit study it has been decided that these wells should be plugged and abandoned. This will require the approval of our unit partners. This notice is to notify the B.L.M. that we are waiting on this approval and at such time as we receive it we will send in individual plugging procedures for each well.

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

SIGNED [Signature] TITLE Petroleum Engineer DATE 4/23/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

APR 29 1986

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

*See Instructions on Reverse Side