

UNITED STATES N. M. OIL CONS. COMM. (Other Instructions)  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ROBBS, 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>W/W</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>8910115740</u>
2. NAME OF OPERATOR <u>Breck Operating Corp.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 911, Breckenridge, Texas 76024</u>		7. UNIT AGREEMENT NAME <u>Milnesand Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>Unit Letter P; 660' FSL &amp; 660' FEL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4220' (GR)</u>	9. WELL NO. <u>26</u>
		10. FIELD AND POOL, OR WILDCAT <u>Milnesand (San Andres)</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19, T-8S, R-35E</u>
		12. COUNTY OR PARISH <u>Roosevelt</u>
		13. STATE <u>New Mexico</u>

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) <u>Temporary Abandonment</u>	<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.)\*

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 @ 367' w/ 350 sx. cmt.  
Production Casing: 4-1/2" 9.5# set @ 4800' w/ 1760 sx. cmt.  
Perforations: 4658'-4738'  
TD: 4800'  
PBTD: 4760'



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

SIGNED John G. Duncan

TITLE Petroleum Engineer

DATE 6/14/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING JUL 11 1990

\*See Instructions on Reverse Side

APPROVED  
DATE PETER W. CHESTER

JUL 11 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA