

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED :
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-verse side)

N. M. OIL CONS. COMMISSION
P. O. BOX 1080
HOBBS, NEW MEXICO 88240
NO60-3160-4

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW		5. LEASE DESIGNATION AND SERIAL NO. LC 062178
2. NAME OF OPERATOR Breck Operating Corp.	3a. Area Code & Phone No. (817)559-3355	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 911, Breckenridge, TX 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 P; 660' FSL & 660' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 517
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4240' (DF)		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-8S, R-34E
		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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) <input type="checkbox"/>
(Other) Temporarily Abandoned <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.) *

Breck Operating Corp. requests permission to set a 4- $\frac{1}{2}$ " CIBP with 3 sx (35') of cement on top in the subject well. The CIBP will be set at 4550' above the perforations from 4624-4676'. The casing will be pressure tested for temporary abandonment at a later date.

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

SIGNED

Kevin G. Duncan

TITLE Petroleum Engineer

DATE 5-24-91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE PETER W. CHESTER

JUN 4 1991

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA