

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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 <input checked="" type="checkbox"/> WIW	5. LEASE DESIGNATION AND SERIAL NO. LC-062178
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 "P", 660' FSL & 660' FEL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 517
15. ELEVATIONS (Show whether DF, 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-8-S, R-34-E
	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 checked="" 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"/>	

(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.)*

10/12/87: MIRU to repair tubing leak. POOH w/tbg. and packer. Replaced head. RIH w/new nickel plated packer and tubing. Pressure tested to 5000#. Found 3 bad joints. Circ. backside w/pkr. fluid. Set pkr. @ 4508.86' and pressured up to 650#. Left on chart for 30 min. Dropped to 605#. O.K. returned to injection.

10/27/87: Another tubing leak developed.

10/28/87: MIRU to repair tubing leak. Released on-off tool. POOH w/plastic coated tubing. Test tubing back in hole @ 5000#. Found hole in 3rd joint from top. Set tubing and pressured up to 1225#. SDFN.

10/29/87: Release on-off tool. Circ. w/pkr. fluid. Set on-off tool. Pressured up on casing to 410# and ran chart. No bleed off. Jack Griffin with the Conservation Commission witnessed and took chart. RDMO. Returned well to injection.

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

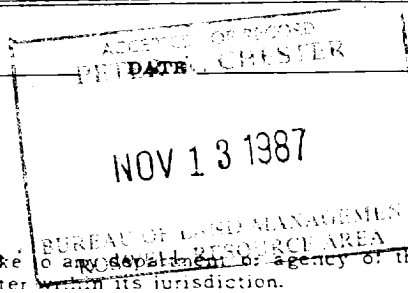
SIGNED Kevin G. Runcan TITLE Petroleum Engineer DATE 10/30/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



RECEIVED

NOV 17 1987

OCD
HOBBS OFFICE