Submit 3 Copies to Appropriate

State of New Mexico

Form C-103

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural I		Revised 1-1-59	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. LC 062178	
SUNDRY NO	TICES AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PE	ROPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR I C-101) FOR SUCH PROPOSALS.)	EM OH LEGG BLOK LALL	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil GAS WELL X WELL	OTHER		Milnesand Unit	
2 Name of Operator	- Corn		8. Well No. 113	
Breck Operating	3 COLD:		9. Pool name or Wildcat	
3. Address of Operator P.O. Box 911, Breckenridge, TX 76024			Milnesand (San Andres)	
A Well Location	990 Feet From The North	Line and 33		
12	Township 8S	Range 34-E	NMFM Roosevelt County	
	10. Elevation (Show whe 4256 1 (C	ther DF, RKB, RT, GR, etc.) GR)		
	k Appropriate Box to Indica	ite Nature of Notice, I	Report, or Other Data BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT L	
PULL OR ALTER CASING]	CASING TEST AND	CEMENT JOB L	
Temporarily A	Abandoned [X OTHER:		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Breck Operating Corp. requests permission to set a 4-1/2" CIBP with 3 sx (35') of cement on top in the subject well. be set at 4550' above the perforations from 4620-4638'. The casing will be pressure tested for temporary abandonment at a later date.

I hereby certify that the information above is true and complete to the signature Kevin G. Duncan	best of my knowledge and	e Petroleum Engineer	DATE5-10-91 TELEPHONE NO.
(This space for State Use)	::::::::::::::::::::::::::::::::::::::	LE	DATE