

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Milnesand Unit
2. NAME OF OPERATOR Breck Operating Corp.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		9. WELL NO. 213
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter D; 860' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
13. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4210' (GR)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-8S, R-35E
		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:

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)	<input checked="" type="checkbox"/> Temporary Abandonment		

(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 @ 361' w/ 300 sx. cmt.
Production Casing: 4-1/2" 9.5# set @ 4820' w/ 250 sx. cmt.
Perforations: 4599'-4669'
TD: 4820'
PBTD: 4575' *

* CIBP set to isolate perforations 5/5/88.



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

SIGNED Kevin G. Sullivan

TITLE Petroleum Engineer

DATE 6/14/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE 12 MONTH PERIOD
APPROVED FOR JUL 11 1990
ENDING _____

*See Instructions on Reverse Side

APPROVED PETER CHESTER JUL 11 1989 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
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IN

RECEIVED

JUL 12 1989

OOD
HQB3000000