Do not use this form for propos	DTICES AND REPORTS as to difin by to deepen or ION FOR PERMIT	reentinhhed Natenod	24 Color Alberter of Trate Name
	SUBMIT IN TRIPLICATE	•	7. If Unit or CA, Agreement Designatio
I. Type of Well Oil Gas Well Well X Other			8. Well Name and No
2. Name of Operator Breck Operating Corp.		Federal BL #2	
3. Address and Telephone No. P. O. Box 911 Breckenridge Texas 764.24		30-041-20470	
P.O. Box 911, Breckenridge, Texas 76424		10 Field and Post, or Exploratory Area Bluitt Wolfcamp	
990' FNL & 990' FEL NE/4 Sec 8, T8S, R37E			H. County of Parish, State Roosevelt County,NM
2. CHECK APPROPRIAT	E BOX(s) TO INDICATE	NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF	ACTION
Notice of Inten		bandonment ecompletion	Change of Plans
Subsequent Report		lugging Back	Non-Routine Fracturing
		asing Repair	Water Shut-Off
Final Abandonment Notice		Itering Casing ther	Conversion to Injection Dispose Water
give subsurface locations and measured an	early state all pertinent details, and give p d true vertical depths for all markers an	d zones pertinent to this work.)*	Completion or Recompletion Report and Log f
give subsurface locations and measured an 6-05-00 Tag Plug @ 342 6-05-00 (1) Spot 50 sx 6-06-00 Tag #1 Plug @ 6-06-00 (2) Spot 50 sx	Approved as to plugging of Liability under bond is ret	d zones pertinent to this work.)* 1. nnight. 2 Hrs., tagged 199 Hrs. w/ 2% Calciu ight.	Completion or Recompletion Report and Log for
give subsurface locations and measured an 6-05-00 Tag Plug @ 342 6-05-00 (1) Spot 50 sx 6-06-00 Tag #1 Plug @ 6-06-00 (2) Spot 50 sx 6-06-00 (3) Spot 50 sx 6-06-00 (4) Spot 50 sx 6-07-00 Tagged cmt. @	Approved as to plugging of Liability under bond is ret Burface restoration is com	d zones pertinent to this work.)* 1. nnight. 2 Hrs., tagged 199 Hrs. w/ 2% Calciu ight.	