

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0474-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Breck Operating Corp.		8. FARM OR LEASE NAME Federal BL	
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FEL, NE/4 Sec. 8, T-8S, R-37E		10. FIELD AND POOL, OR WILDCAT Bluitt Wolfcamp	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-8S, R-37E		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"/>		<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"/> Temporarily Abandon		<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.)*

11/14/78 - Drilled to TD of 8140'

11/21/78 - Temporarily abandoned, in the following manner.

Set 50 sx. plugs at 7981', 6209-, 4970' and 3699'.
The top plug is in and out of the 8 5/8" intermediate string set at 3705'.

Well is properly sealed and capped and we would like to hold for a water injection well. Within the next 12 months the status may change to service or plugged and abandoned.

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

SIGNED

Shy Byars

TITLE Production Clerk

DATE 8/19/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 30 1986

TITLE

APPROVED
PETER W. CHESTER

DATE

*See Instructions on Reverse Side