

Form 700-1 (November 1983) (Formerly Form 700-1) <b>MINERAL OIL CONS. COMMISSION</b> <b>UNITED STATES</b> <b>DEPARTMENT OF THE INTERIOR</b> <b>BUREAU OF LAND MANAGEMENT</b> <b>P.O. BOX 1980</b> <b>HOBBS, NEW MEXICO 88241</b>		SUBMIT IN TRIPLICATE* (Other instruction: reverse side) Budget Bureau No. 1004-0143 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LC-061278 & 060987 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  7. UNIT AGREEMENT NAME Milnesand S.A. Unit 8. FARM OR LEASE NAME  9. WELL NO. 2,44,52,210,213,510 (516) 10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13,14,20 & 24 T8S-R34E & R35E 12. COUNTY OR PARISH Roosevelt 13. STATE New Mexico	
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> 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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER			
2. NAME OF OPERATOR Breck Operating Corp.			
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024			
4. 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.) * #510-Sec. 13-T8S-R34E #52&516-Sec. 24-T8S-34E #428-Sec. 14-T8S-R34E #210&213-Sec. 20-T8S-R35E			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) Various	

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 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.) \*

All of the above wells are currently temporarily abandoned and have been for many years. After a unit study it has been decided that these wells should be plugged and abandoned. This will require the approval of our unit partners. This notice is to notify the B.L.M. that we are waiting on this approval and at such time as we receive it we will send in individual plugging procedures for each well.

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

SIGNED *Peter W. Chester* TITLE Petroleum Engineer DATE 4/25/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
 PETER W. CHESTER  
 DATE

APR 29 1986

BUREAU OF LAND MANAGEMENT  
 ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side