

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-21329
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name State HT "A"
2. Name of Operator Breck Operating Corp.	8. Well No. 1
3. Address of Operator P. O. Box 911, Breckenridge, Texas 76424	9. Pool name or Wildcat Hightower Upper Penn. East
4. Well Location Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line Section 36 Township 12S Range 33E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Effective 11/21/97 this well has been Temporarily abandoned.  
Due to economis.

12/8/97  
returned to operator

If TA'd requires setting CIBP w/in 100' of perfs  
and 35' of Cement on top. Then casing must  
be pressure tested to 500psi for 30 minutes w/  
no more than a 10% drop in pressure. A chart  
must be run showing pressure test and submitted to  
NMOC w/a C103.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Frances Flourary</u>	TITLE <u>Production Clerk</u>	DATE <u>11/21/97</u>
TYPE OR PRINT NAME	TELEPHONE NO.	

(This space for State Use)

APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		