

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-08972
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: SOUTH EUNICE UNIT
8. Well No. 18
9. Pool name or Wildcat EUNICE 7 RIVERS QUEEN, SO

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 ☐ Gas Well ☐ Other: Injection

2. Name of Operator
BRECK OPERATING CORP.

3. Address of Operator
P.O. BOX 911, BRECKENRIDGE, TEXAS 76424

4. Well Location

Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the West line

Section 21 Township 22S Range 36E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3534'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Corrected P&A Marker ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Breck Operating was cited in violation of an error on the P&A marker. We have corrected this to your specifications and the well is ready to be reinspected.

2002-08-06
AUG 2002
Hobbs
OCD

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

SIGNATURE Linda Venekamp TITLE PRODUCTION CLERK DATE July 25, 2002

Type or print name LINDA VENEKAMP

Telephone No. (254) 559-3355 ext 236

(This space for State use)

APPROVED BY CADY W. WINK TITLE STAFF MANAGER DATE AUG 06 2002

Conditions of approval, if any: