

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

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

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-08975	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: SOUTH EUNICE UNIT	
8. Well No. 17	
9. Pool name or Wildcat EUNICE 7 RIVERS QUEEN, SO	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>21</u> Township <u>22S</u> Range <u>36E</u> NMPM LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: ☐

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.

Due to the potential changes in operation of the waterflood, Breck Operating Corp. is proposing to perform a Mechanical Integrity test on this well in preparation for requesting temporary abandon approval. We will pressure test casing to 500# for 30 minutes. Give OCD 24 hrs notice prior to pressure test. When completed, a successful pressure test will be submitted to request temporary abandon status.

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 April 5, 2001

Type or print name LINDA VENEKAMP
(This space for State use)

Telephone No. (254) 559-3355

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: