Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103	
Office District I	Liergy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	ON GONGERYATION DIVICION			30-025-09077	·
811 South First, Artesia. NM 88210	OIL CONSERVATION DIVISION			<ol><li>Indicate Type o</li></ol>	f Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE $\square$	FEE 🗆
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & Ga	as 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				7. Lease Name or	Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:				SOUTH EUNICE UNIT	
Oil Well Gas Well C	Other INJ	IECTION		8. Well No.	
2. Name of Operator BRECK OPERATING CORP.				36	Vildeat
3. Address of Operator P.O. BOX 911, BRECKENRIDGE, TEXAS 76424				9. Pool name or Wildcat EUNICE 7 RIVERS QUEEN, SO	
4. Well Location					
Unit Letter B:	660 feet from	n the <u>NOR</u>	<u>TH</u> line and <u>l</u>	980 feet from th	e <u>EAST</u> line
Section 28	Township 2	2S Range		IPM LEA Coun	ity
	10. Elevation (Sh	how whether Di	R, RKB, RT, GR, etc	c.)	
11. Check Ar	opropriate Box t	o Indicate Na	ature of Notice,	Report or Other	Data
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABAN	IDON 🗆	REMEDIAL WOR	к Ц	ALTERING CASING
TEMPORARILY ABANDON 💢	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:			OTHER:		
12. Describe proposed or complete of starting any proposed work). or recompilation.	d operations. (ClessEE RULE 1103.	arly state all per For Multiple (	tinent details, and Completions: Attac	give pertinent dates, ch wellbore diagram	of proposed completion
Effective January 1, 2002 Breck Opproposing to set CIBP @ 3600' with Abandon approval. We will give the pressure test will be submitted to reconstruct the submitted the submitted to reconstruct the submitted the submit	i top perf @ 3632 e OCD and BLM 2	and then run a 24 hrs notice be			
I hereby certify that the information	above is true and	complete to the	best of my knowle	dge and belief.	Q 4 4 12
SIGNATURE Kunda	Venekamp	TITLE_	PRODUCTIO		ATE_February 27, 20
Type or print name LINDA VEN	IEKAMP		Teleph	none No. (254) 55	59-3355
(This space for State use)		COLORAL O	UK UMED BY		DAMAR 26 200
APPPROVED BY Conditions of approval, if any:		OC FIELD RE	PRESENTATIVE II	STAFF MANAGER	
Conditions of approvar, it any.			••••	Avenue With	
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