Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERNATION DIVISION		WELL API NO. 30-025-09130	
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE	X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita Fe, Nr	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			7. Lease Name or Unit Agreement Name:	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SOUTH EUNICE UNIT	
1. Type of Well: Oil Well Gas Well Other				
Name of Operator BRECK OPERATING CORP.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P.O. BOX 911, BRECKENRIDGE, TEXAS 76424			EUNICE 7 RIVERS QUEEN, SO	
4. Well Location				
Unit Letter <u>H</u> :	1980 feet from the	NORTH line and	feet from the <u>EAST</u>	line
Section 33	Township 22S Ran		PM 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: SUBS			SEQUENT REPORT OF	: CASING □
	CHANGE PLANS	COMMENCE DRI		
			ABANDON	1 1
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		
OTHER:		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 Kinda Ver	netampTITI	LE <u>PRODUCTION</u>	ICLERK DATE April 5	, 2001
Type or print name LINDA VENER	CAMP	Telepho	ne No. (254) 559-3355	
(This space for State use)	228		r.	
APPPROVED BY Conditions of approval, if any:	TITL	E	DATE	