Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brizos Rd., Aziec, NM 8/410		OR ALLOWAE								
Operator	1 00					VPI No.				
BRECK OPERATING CORPORATION						045 0748	/00			
Address c/o Walsh Engr. & 204 N. Auburn F	Prod. Corp. Farmington, N	New Mexico	87401							
Reason(s) for Filing (Check proper box)	armington, i	New Hearto		r (Please explai	n)	·				
New Well	Change in	Transporter of:								
Recompletion 🔼	oii 🛄	Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
I change of operator give name address of previous operator										
I. DESCRIPTION OF WELL A					- 1			- No		
Lease Name Kutz Government	Well No. #10	g Formation Kind of State, I			CLease Lease No.					
Location		.4				•				
Unit LetterG	.:1650	Feet From The	North Line	and1650	<u>)</u> F∞	I From The	<u>East</u>	Line		
Section 18 Township	28N	Range 10W	, NN	ирм,	San Jua	an		County		
300801										
III. DESIGNATION OF TRANS	SPORTER OF O		RAL GAS	e address to whi	ch approved	cany of this for	m is to be se	int)		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing		or Dry Gas X		e address to whi						
Sunterra Gas Gathering System			T	ox 26400	Albuqi When	uerque,	N.M. 87	125		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually	es	1 when					
If this production is commingled with that f	from any other lease or	pool, give comming	ling order numb	жг						
IV. COMPLETION DATA				, ,				D (C B - r)		
Designate Type of Completion	- (X) Oil Wel	II Gas Well	New Well	Workover	Deepen	Plug Back	same Ker v	Diff Res'v		
Date Spudded	Date Compl. Ready t	io Prod.	Total Depth	L		P.B.T.D.				
2/10/90 8-1753		= 9-25-90	203			1943				
Sevations (DF, RKB, RT, GR, etc.) Sevations (DF, RKB, RT, GR, etc.) Basia Francisco Corc			, -	Top Oil/Gas Pay			Tubing Depth / 73			
Perforations	BASIA FILETTER	41, 197 C	1, ,,,	<u> </u>		Depth Casing	_:			
1734-	- 1939				·			· · · · · · · · · · · · · · · · · · ·		
	TUBING		CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		100 sk					
12.50	70,75			1750		100 54				
8 14	4/2	47."		1944'		240				
			1897							
V. TEST DATA AND REQUES	ST FOR ALLOW recovery of total volum	VABLE	et he equal to at	r exceed top allo	owable for thi	s depth or be f	or full 24 hos	urs.)		
OIL WELL (Test must be after to Date First New Oil Run To Tank.	Date of Test	e oj toda ou una mu	Producing M	ethod (Flow, pu	ump, gas julia	Ke yas wil	4' 13 3 3 3	26		
								Choke Size		
Length of Test	Tubing Pressure		Casing Pressure		CHOIL SIZE					
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbls.		Calle	2 1992				
Actual Front Dalling 1	On Boil				OIL CON DI					
GAS WELL					`	DIE OC	ST 3			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF,			Gravity of Condensate				
	OF PRODUCTIC		Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.)	Tubing Pressure (Sh									
VI. OPERATOR CERTIFIC				011 00:	1000	ATION	DIVIO	<u></u>		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				- A ·-	ل ہی	UN 0 2 1	292			
FOR: BRECK OPERAT	ING CÖRPORAT	ION	Dat	e Approve	30 <u> </u>					
Hand C. Thou	By_	1 By 3:45 day								
Signature Paul C. Thompson Agent			Dy -	SUPERVISOR DISTRICT #3						
Printed Name 6/1/92		327-4892	Title	e	OUPEK\	מושטאוו	, nici	<u> </u>		
Date		'clephone No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.