

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

I. OPERATOR
 Operator: Breck Operating Corp.
 Address: P. O. Box 911, Breckenridge, Texas 76024
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Castinghead Gas Condensate
 Change in Ownership Other (Please explain) _____
 If change of ownership give name and address of previous owner: Petroleum Corporation of Texas, Box 911, Breckenridge, TX 76024

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Q</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Quebrecho Plains, QA</u>	Kind of Lease State, Federal or Fee <u>Federal NM-04371-2</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>710</u> Feet From The <u>west</u> Line of Section <u>22</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Crude Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>8700 Tesoro Drive, San Antonio, TX 78217</u>
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2130, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit <u>22</u> Sec. <u>18S</u> Twp. <u>32E</u> Is gas actually connected? <u>Yes</u> When <u>5-4-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jadean Ragland
 (Signature)
 Production Clerk
 (Title)
10-12-83
 (Date)

OIL CONSERVATION COMMISSION
JAN 20 1984
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
OCT 17 1993
C. H. H.
HOBBS OFFICE

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