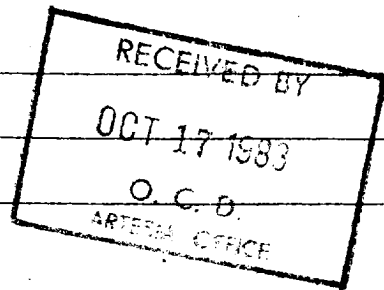


SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	
U.S.G.S.	<input checked="" type="checkbox"/>	
LAND OFFICE	<input checked="" type="checkbox"/>	
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	
PRORATION OFFICE	<input checked="" type="checkbox"/>	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-85



1. 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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 Julia "B" Federal	Well No. 1	Pool Name, Including Formation Red Lake Queen Grayburg, SA	Kind of Lease State, Federal or Fee Federal	Lease No. IC-060894
Location Unit Letter I, 1650 Feet From The south Line and 330 Feet From The east Line of Section 6 Township 18S Range 27E, NMPM, Eddy 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"/> Navajo Refining Co, Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) Box 67, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6	Twp. 18S	Rge. 27E	Is gas actually connected? No	When

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, GR, 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.) Natural Flow - 3 1-27-84	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Reg. O.P.
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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.

Ladear Karland
(Signature)
Production Clerk
(Title)
10-12-83
(Date)

OIL CONSERVATION COMMISSION

JAN 26 1984

APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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.