	SANTA FE	REQUEST	FOR ALLOW	form C-104 Supersedes Old C-104 and C Effective 1-1-65 GAS
1.	TRANSPORTER OIL GAS OPERATOR V PRORATION OFFICE	-		RECEIVED BY
	Breck Operating Corp.			OCT 17 1983
	P. O. Box 911, Breckenridge, Texas 760 Reoson(s) for filing (Check proper box)			O. C. D. ARTESIA, OFFICE
	New We!1	Change in Transporter of: Oil Dry Ga	Other (Please explain)	
	Change in Ownership X	Casinghead Gas Conde		
II.	DESCRIPTION OF WELL AND		TEXAS, DUX 911, BIECKE	11110ge, 1X /0024
	Fred Federal	Well No. Pool Name, Including F 1 Red. Lake Queen		se Lease No al cr Fee Federal IC-069274
	Location Unit Letter L ; 165	0 Feet From The South Lir		·
		10-	27Е , ммрм,	Eddy County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	· · · · · · · · · · · · · · · · · · ·	
	Nome of Authorized Transporter of Cil XX or Condensate 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	
	Phillips Petroleum Company 4001 Penbrook, Odessa, Texas 79762		Texas 79762	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 6 18S 27E	Is gas actually connected? Wi NO	ner.
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Piug 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		1	Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
			1	
v.	TEST DATA AND REQUEST FOR OIL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allo
	Date First New Oil Run To Tanks	Date of Teat	Producing Method (Flow, pump, gas li	(t. etc.) Posticlen -3
	Length of Test	Tubing Pressure	Casing Pressure	Choko Sizo
	Actual Prod. During Test	Oli-Bbis.	Water - Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size
	CERTIFICATE OF COMPLIAN			
	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.		OIL CONSERVATION COMMISSION APPROVED JAN 2 6 1984	
			TITLE Supervisor District II	
-	(Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
	Production Clerk			
	(Title) 10-12-83 (Date)		able on naw and recomplated with Fill out only Sections I. I well name or number, or transport	ells. I. III, and VI for changes of owne ten or other such change of condition t be filed for each pool in multip
		1	anning walls	