HO. OF COPIES REC	EIVED .	ł	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Breck Operating Corp P.O. Box 911, Breckenridge, Texas 76024 Reason(s) for filing (Check proper box) Other (Please explain) New Well Recompletion Oil Dry Gas Casinghead Gas Condensate X Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, (Federal) or Fee SF 078521 <u>Basin Dakota (Gas)</u> Mobil Rudman Location 1190 Feet From The North Line and 790 Feet From The West 27 25N 9W , NMPM, San Juan County Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, New Mexico 87413
Address (Give address to which approved copy of this form is to be sent) Gary Emergy Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas 👿 Box 1492, El Paso, Texas 79999 El Paso Natural Gas Company Twp. Pae. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 7/3/62 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Deepen Oil Well Gas Well New Well Flug Bock Same Res'v. Diff. Res'v. Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Top Oil/Gas Pay Tubing Depth Elevations (DF. RKB, RT. GR. etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbis. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitos, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. BY. SUPERVISOR DISTA TITLE . This form is to be filed in compliance with RULE 1104.

Elizahe	th Smith (Signature)	Elizabeth Smith

(Title)

Production Clerk

9-19-84

(Date)

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