Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	EST FO	OR AL	LOWAB	LE AND A	AUTHORI	ZATION				
I	TO TRANSPORT OIL AND NATURAL GAS										
Operator BRECK OPERATING CORPORATION							30-045-2426700				
Address c/o Walsh Engr. &											
	rmingto	n, Ne	w Mea	kico 87		(2)					
Reason(s) for Filing (Check proper box)				_	∐ Othe	r (Please expl	laun)				
New Well		Change in	-								
Recompletion X	Oil		Dry Gai								
Change in Operator	Casinghead	<u> </u>	Conden	<u> </u>			-				
and address of previous operator	ND LEA	CE									
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Includin					ig Formation Kind			of Lease		Lease No.	
Kutz Government				tland Coal			Federal or Fee	SF-04	6563		
Location	2710	`		N.		10'	20		West		
Unit LetterF	: 1710 Feet From The No				orth Line and 1820 F			et From The		Line	
Section 2 Township	27	7 N	Range	101	1 N	мрм,	San Jua	n		County	
III. DESIGNATION OF TRANS	SPORTER	OF O	II. AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensate Address (Give address to which a						vhich approved	copy of this f	orm is to be see	nu)	
Name of Authorized Transporter of Casing	head Gas or Dry Gas X			Address (Give address to which approved P. O. Box 26400 Albus			copy of this form is to be sent) querque, New Mexico 87125				
Sunterra Gas Gathe	 ,-	S c.	Twp.	Rge.	 	y connected?	When				
If well produces oil or liquids, give location of tanks.	<u>i i</u>		İ	<u>i </u>	Ye	s					
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or	pool, giv	e commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi				Total Depth	F 1 1		P.B.T.D.	0601		
5/4/80	7/20/92				2051. Top Oil/Gas Pay			1868'			
Elevations (DF, RKB, RT, GR, etc.) 5924 KB 591261	Name of Producing Formation Basin Fruitland Coal				, •	1731.			Tubing Depth 1831'		
1731'-1859'								Depth Casif	18 Shoe 883 '		
	TUBING, CASING AND				CEMEN'TI						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"				140			100			
7-7/8"	1-1/2"				205	1'		435			
					183	81'		-			
V. TEST DATA AND REQUES	T FOR A										
OIL WELL (Test must be after r					i be equal to o	r exceed lop a	Howable for 1)	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift				is is if			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	2 4 1992	2		
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			GM- MCF OIL CON. DIV			
	1								. <u></u>	<u> </u>	
GAS WELL Actual Prod. Test - MCF/D	I couth of	Text			Bbls. Conde	nsate/MMCF			Condensate		
	Length of Test ducing commercial quanti										
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					aure (Shut-in) 220		Choke Size	:		
VI. OPERATOR CERTIFIC	_i		PLIA	NCE			MCED		DIVISIO)NI	
I hereby certify that the rules and regu- Division have been complied with and	that the info	rmation gi		/e			אטבאו	AHON	אפואות	אוכ	
is true and complete to the best of my knowledge and belief. EOR: BRECK OPERATING CORPORATION					Dat	Date ApprovedAUG 0 5 1992					
Yand C. Thompson					By ORIGINAL SIGNED BY ERNIE BURRY						
Paul C. Thompson	Age	nt					ا مادهاردسا		**************************************		

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

505

Printed Name

Date

7/23/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 327-4892

Telephone No.

- 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.