STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
BANTA FE				
FILE				
W.B.O.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	Ŀ		
OPERATOR				
PROBATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
<u>I</u>							
Operator							
Breck Operating Corp			-				
Address							
P.O. Box 911, Brecker	nridge, Texas 76	024					
Reason(s) for filing (Check proper box)	obox) Other (Please explain)						
New Well	Change in Transporter of:				•		
Recompletion	Oil	Dry	y Gas Injection				
X Change in Ownership	Casinghead Gas	Con	ondensate .				
XI Change in Ownership				L			
and address of previous		eum Cor	p., P.	0. Box 21	20, Houston, Texas 772	252	
II. DESCRIPTION OF WELL AND LI	EASE				Kind of Lease	Lease No.	
Lease Name	DESCRIPTION OF WELL AND ELFAST. Well No. Pool Name, Including Formation			State, Federal or Fee Fee			
Milnesand Unit	182 Milnesar	nd-San	Andres	·	State, Federal of Fee 100		
Location				-			
	Feet From The Nort	th Line	and	660	Feet From The West		
Unit Letter D : 660	_ reat From the _ <u>rioz</u>				_		
NW NW Line of Section 18 Townshi	, oc 8	lange 35	F	, имри	Roosevelt_	County	
Line of Section 18 Townshi	D 02		14				
Name of Authorized Transporter of Oil Name of Authorized Transporter of Casingh Name of Authorized Transporter of Casingh If well produces oil or liquids, give location of tanks.	or Condensate	Rge.	Address	(Give address			
If this production is commingled with the			1146 60				
NOTE: Complete Parts IV and V or VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of been complied with and that the information gimy knowledge and belief.	E of the Oil Conservation Div	ision have	APPR	OVED OVED	SONSERVATION DIVISION 17 - 1985 SIGNED BY JERRY SEXTON STRICT I SUPERVISOR	_, 19	
Production Clerk October 31, 1985 (Date)	Elizabeth Smith		If well, tests A sble of F well n	his form is to this is a req this form mustaken on the il sections of an new and re till out only ame or numbe	to be filed in compliance with RU uest for allowable for a newly dr it be accompanied by a tabulation well in accordance with RULE I this form must be filled out com- icompleted wells. Sections I. II. III. and VI for cl r, or transporter, or other such chis a C-104 must be filled for each	illed or deepened n of the deviation iii. pletely for allow- hanges of owner, ange of condition.	