STATE OF NEW MEXICO

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DISTRIBUTION			
SANTA PE			
FILE			
U.8.0.3.			
LAND OFFICE			
TRANSPORTER	DIL		
	GAS		
OPERATOR			
PROMATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		الاشتية المجمعة البود مجفنته مريغات واليكيب			
Operator	· · · · ·	•			
Breck Operating Cor	cp	• 			
Address					
P.O. Box 911, Breck	kenridge, Texas 7	6024			
Reoson(s) for filing (Check proper box)			Other (Please explain)		
New Well	Change in Transporter	of:		•	
		Dry Gas			
Recompletion	Casinghead Gas	Condensate	Active Inj	ection	
X Change in Ownership			· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			4		
If change of ownership give name and address of previous owner <u>U</u> I	nion Texas Petrol	eum Corp., P	.O. Box 2120, H	<u>ouston, Texas 7725</u>	2
and address of previous owner					
II. DESCRIPTION OF WELL AND	DIFASE				
Lease Name	Well No. Pool Name, I	Including Formation	Kind of		Lease No.
· · ·	· 195 Milnesa	nd-San Andre	State, F	oderal or Foe Fee	
Milnesand Unit		ind part mildre	<u></u>		
Location		1.		Fast	
Unit Letter P ; 660	Feet From The Sout	n Line and	Feet I	from The Last	
SE SE 10					County
Line of Section 13 Town	nahtp 8S	Range <u>34E</u>	, NMPM,	Roosevelt	County
III. DESIGNATION OF TRANSP	ORTER OF OIL AND N	NATURAL GAS			
Name of Authorized Transporter of Oli	or Condensate	Addres	s (Give address to which	approved copy of this form is	io de senij
Kunz of Admonto to					
	Inghead Gas or Dry G	aa 🗋 Addres	s (Give address to which	approved copy of this form is	to be sent)
Name of Authorized Transporter of Cast					
				When	
at the stress of or liquids	Unit Sec. Twp.	Rga, Is gas	actually connected?		
If well produces oil or liquids, give location of tanks.	J H H	•		s 	
	<u></u>	a second give co	nmingling order number		
If this production is commingled with	h that from any other leas	se or poor, give co.	numering order number	and the second se	

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and tegulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Elizabeth Smith	Elizabeth Smith			
(Signative)				
(Signature) Production Clerk				
(Title)				
October 31, 1985				
(Date)				

OIL CONSERVATION DIVISION	
APPROVED NOV 7 - 1985	19

BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with MULE 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 deviation tests taken on the well in accordance with RULX 111.

All sections of this fons must be filled out completely for ellowable on new and recompleted wells.

Fill out only Sections 1, II, 1II, and VI for changes of owner. well name or number, or transporter, or other such change of condition

Separate Forma C-104 must be filed for each pool in multiply complated wells.