

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Breck Operating Corp

Address  
P.O. Box 911, Breckenridge, Texas 76024

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Union Texas Petroleum Corp., P.O. Box 2120, Houston, Texas 77252

II. DESCRIPTION OF WELL AND LEASE

Lease Name Milnesand Unit	Well No. 512	Pool Name, including Formation Milnesand-San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. LC062178
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> SW NE Line of Section <u>24</u> Township <u>8S</u> Range <u>34E</u> , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>13</u> Twp. <u>8S</u> Rge. <u>34E</u>	Yes <u>4-1-58</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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  
(Signature)  
Production Clerk  
(Title)  
October 31, 1985  
(Date)

OIL CONSERVATION DIVISION  
NOV 7 - 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 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 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 completed wells.