## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE			
FILE			
U.1.G.A.			
LAND OFFICE			
TRANSPORTER	OIL	I	
JANAJ PORTER	DAS	· ·	
OPERATOR			
PROBATION OFFICE		1	

## 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

1.								
Operator								
Breck Operating	g Corp			•				
Address			•					
P.O. Box 911, B	Breckenrid	ge, Texa	s 76024	<u>ا</u>				
Reason(s) for filing (Check proper box)	)				Other (Please	explain)		
New Well		Transporter o	st:		Activ	ve injection	า	
Recompletion	[_] oii				netrye injection			
X Change in Ownership	Casin	ghead Gas	c₀	ndensate -	•			
If change of ownership give name	Union Texa	as Petrol	leum Co	rp., P	.0. Box 2	120, Housto	n, Texas 772	.52
and address of previous owner		0.	, /					
H DECOUPTION OF WELL AND	DIFASE	A. 11	$\mathcal{C}'$					
II. DESCRIPTION OF WELL ANI	Well No.	Pool Nan.e. Is	ncluding Fo	ormation		Kind of Lease		Lease No.
· ·	. 11	Milnesa			S	State, Federal or	Fee Federal	NM0231691
Milnesand Unit		<u>III III C3</u>	and ban	1111020	<u> </u>			
Location	0	Se	with .!	. 1	980	Feet From The	West	
Unit Letter N : 660	U Feet From	n The30		e and		reet riom the		
SE SW			Range	35-E	, NMPM	_	Roosevelt	County
Line of Section 5 Tow	waship 8-5			<u> </u>	,	·	Recourse	
				CAS				
III. DESIGNATION OF TRANSF	PORTER OF C	DIL AND IN	ATURAL	Andress (	(Give address	to which approved	copy of this form is	to be sent)
Name of Authorized Transporter of Off			1					
	·			Address	(Cive address	to which approved	copy of this form is	to be sent)
Name of Authorized Transporter of Cas	singhead Gas [	] or Dry Go	as 🛄	Address				
				ļ		ed? When	· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids,	Unit Sec.	Twp.	¦Rg∎. ∤	ls gas ac	tually connect	aur i nien		
give location of tanks.	1 1	<u>_</u>	•			i		
					mingling orde	r number:		

If this production is commingled with that from any other lesse 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
(Signoture) Production Clerk
(Tile) October 31, 1985
(Date)

BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT LOUFERVISOR	OIL CONSERVATION DIVISION	

This form is to be filed in compliance with RULE 4104.

If this is a request for allowable for a newly drilled or deepene 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 allow able 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.