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CONKERN IN THE MENT			•	
ENERGY and MINERAL'S DEPARTMENT	•		Form C-104	•
00. JT (9745 NELEIVED			Revised 10-01-78 Format 06-01-83	
DISTRIBUTION	OIL CONSERVA	TION DIVISION	Page 1	
FILE	P. O. BO			
U.\$.0.\$.	SANTA FE, NEW	MEXICO 87501		
LAND OFFICE				
TAA IR GAS	REQUEST FOR	ALLOWABLE		
OPERATOR		۰. D	•	
PROPATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL	_ GAS	
1.				
Operator				
Breck Operating Co	orp			
	ckenridge, Texas 76024			
Reason(s) for filing (Check proper box)		Other (Please exp	lain)	
Now Well	Change in Transporter of:			
Recompletion		y Gas		
Change in Ownership	Casinghead Gas Ca	ndensate .		
If change of ownership give name and address of previous owner	<u>Union Texas Petroleum Co</u>	prp., P.O. Box 212	0, Houston, Texas 77252	
		· ·		
II. DESCRIPTION OF WELL AND	ULEASE Well No. Pool Name, Including Fe	ormation Kir	nd of Lease	Lease No.
			A. Endered as Fee	-
Milnesand Unit	· 314 Milnesand-Sar	I Allules	Eaderal J	LC060978
Location	•	- -	eet From The West	
Unit Letter <u>K</u> ; <u>1980</u>	Feet From The South Lin	• and <u>1909,5</u>	eet rom tha	
NE SW Ling of Section 19 Tow	nzhlp 8S Range 35E	, NMPM,	Roosevelt	County
Line of Section 1.9 10w	1310p 05			· · · · · · · · · · · · · · · · · · ·
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	. GAS	•	
Name of Authorized Transporter of Off	XX or Condensate	Address (Give address to w.	hich approved copy of this form is to be	e sentj
Mobil Pipeline Company		P.O. Box 900, D	allas, Texas 75221	
Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas		hich approved copy of this form is to be	e sent)
Warren Petroleum Compa	ny		Tulsa, Oklahoma 74102	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	<u>C 19 85 35E</u>	Yes	12-25-63	
If this production is commingled wit	h that from any other lease or pool,	give commingling order nu	mber:	
NOTE: Complete Parts IV and V				
NOIE: Complete Fails IV and V				
VI. CERTIFICATE OF COMPLIAN	NCE	11	ISERVATION DIVISION	
I hereby certify that the sules and regulation		APPROVED N	0V 7 - 1985	
been complied with and that the information	m given is true and complete to the best of		•	
my knowledge and belief.		BY ORIGINAL SIGNED BY APRILY FEXTON		
		TITLE	DISTRICT I SUPERVISOR	
Elies Poth Smith Elizabeth Smith		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened		
Signo	Elizabeth Smith	well this form must be	accompanied by a tabulation of the	he deviation
Production Clerk	· · · · ·	tosts taken on the wel	i in accordance with MULS 111.	
(Tirl	·····	All sections of thi able on new and recom	a form must be filled out completel	ly for allows
October 31,	•	Fill out only Sact	tons I. H. III. and VI for change	s of owner,
(Dat	*)	well name or number, or	transporter, or other such change of	of condition.
		I Course Forma C	-104 must be filed for each pool	in multiply

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Saparate Forma C-104 must be filed for each pool in completed walls.