	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMISSION FOR ALLOW AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-109 and ( Effective 1-1-65 L GAS	
	IRANSPORTER OIL GAS		REC'D	LGAS LGAS	
	OPERATOR	_			
1.	PRORATION OFFICE		CRUDE (I'L DEPT		
	Breck Operating (	Corp.			
	Address				
	P. O. Box 911, Breckenridge, Texas 76024 Reoson(s) for filing (Check proper box) New We!! Other (Please explain)				
	Recompletion Change in Ownership	Oil Dry G	nas	•	
	If change of ownership give name and address of previous owner	Petroleum Corporation of	Texas, Box 911, Breck	enridge, TX 76024	
11.	DESCRIPTION OF WELL AND LEASE				
	Federal Q	1 Querecho Plain	ns, Qaleen State, Fod	eral cr Fee Federal N 043714	
	Location Unit Letter0;660	Feet From The South Li	no and Feet From 1650	east A	
	Line of Section 22 To	waship 185 Range	32E , NMPM,	Lea Count	
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS P. O. Box 1188			ortation Co.	
	Name of Authorized Transporter of Ci	1 🔀 or Condensate 🗌	Address / Give address / Address / Address / Houston, 1X. 7/251-118	Prefective 7-1-08 form is to be sent).	
		Tesoro Crude Oil Company Name of Authorized Transporter of Casingherd Gas X or Dry Gas		Address / Give address to which approved copy of this form is to be sent)	
	Phillips Petroleum Company		Box 2130, Hobbs, NM 88240		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Wher.	
	give location of tanks.	<u>22 185 32E</u>	Yes	3-10-83	
JV.	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completi	on = (X)	New Well Workover Deepen	Plug Back   Same Restv. Diff. Re	
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKE, RT, GR, etc.,	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
<b>v</b> .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a oil. WELL able for this depth or be for full 24 hours)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	011-B518.	Water - Bbis.	Ges-MCF	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shnt-in)			
	Testing Method (pitot, back pr.)		Casing Pressure (Shut-in)	Choke Size	
	CERTIFICATE OF COMPLIAN		APPROVED	2 0 1984	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.		BYORIGINAL SIGNED BY JERRY SEXTON		
			TITLE		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of own		
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	10-12-13 100	are)	well name or number, or transp	orter, or other such change of conditi	
			Separate Forma C-104 m	ust be filed for each pool in multi	