

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REC'D

Le # 707291

I. PRODUCTION OFFICE

Operator

Breck Operating Corp.

Address

P. O. Box 911, Breckenridge, Texas 76024

CRUDE OIL DEPT.

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Petroleum Corporation of Texas, Box 911, Breckenridge, TX 76024

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal J	Well No. 1	Pool Name, including Formation Querecho Plains, <i>Queen</i>	Kind of Lease State, Federal or Fee	Lease Federal NM 1048
Location Unit Letter <i>J</i> ; <i>2180</i> Feet From The <i>south</i> Line and <i>1980</i> Feet From The <i>east</i>				
Line of Section <i>22</i> Township <i>18S</i> Range <i>32E</i> , NMPM, <i>Lea</i> Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Enron Oil Trading & Transportation Co.

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address <i>P.O. Box 1188</i> <i>7700 Tesoro Drive, San Antonio, Tx. 78217</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		
Address (Give address to which approved copy of this form is to be sent, <i>Box 2130, Hobbs, NM 88240</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>22</i>	Sec. <i>18S</i>
	Twp. <i>32E</i>	Rge. <i>32E</i>
	Is gas actually connected? <i>Yes</i>	
	When <i>3-10-83</i>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKS, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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 best of my knowledge and belief.*Jadean Regland*
(Signature)

Production Clerk

(Title)

10-12-83

(Date)

OIL CONSERVATION COMMISSION

APPROVED *JAN 20 1984*, 19BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the Davis
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult