

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and
 Effective 1-1-65

I. Operator
 Breck Operating Corp.
 Address
 P. O. Box 911, Breckenridge, Texas 76024
 Reason(s) for filing (Check proper box)
 New Well ☐ Change In Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change In Ownership ☒ Casinghead 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 Q
 Well No.
 2
 Pool Name, including Formation
 Querecho Plains, *Queen Assoc.*
 Kind of Lease
 State, Federal or Fee Federal
 Lease No.
 NM-04371 A
 Location
 Unit Letter
 K
 2310 Feet From The
 south Line and
 2310 Feet From The
 west
 Line of Section
 22 Township
 18S Range
 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Tesoro Crude Oil Company
 Address (Give address to which approved copy of this form is to be sent)
 8700 Tesoro Drive, San Antonio, TX 78217
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 Phillips Petroleum Company
 Address (Give address to which approved copy of this form is to be sent)
 Box 2130, Hobbs, NM 88240
 If well produces oil or liquids, give location of tanks.
 Unit
 22 Sec.
 18S Twp.
 32E Rge.
 Is gas actually connected?
 Yes When
 4-4-83

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. Res.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, CR, 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 allowable 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.

Jadeen Ragland
 (Signature)
 Production Clerk
 (Title)
 10-12-83
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 20 1984**, 19
 BY **ORIGINAL SIGNED BY JERRY SEXTON**
 TITLE **DISTRICT I 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 deviated 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 multiple completed wells.

RECEIVED
OCT 17 1983
O.C.D.
HOBBS OFFICE