	DISTUBLITION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C+104 Supersedes Old C-104 and C-110 Effective 1-1-65			
Ŀ	LAND OFFICE	AUTHORIZATION TO TRA	•	PORT OIL AND NATURAL GAS		2	
	OPEHATOR		•		18/1/		
	PROBATION OF FICE				0,00,00	A A A	
-	BYRON OIL INDUSTRIES, INC.						
1	2200 E. 104th Avenue, Suite 217, Thornton, Colorado 80234  Recson(s) for filing (Theck proper box)  Other (Please explain)						
- 1	Change in Transporter of:   Change in Transporter						
	Flecompletion .	nable Effe	Effective 8/1/82				
L	Change of ownership give name						
1	I change of ownership give have and address of previous owner						
1.	DESCRIPTION OF WELL AND L	EASF. Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
į	Dunn Federal	1 Lybrook Gal		State, Federal or	Fee Federal	SF-	
	Location T 103	O Feet From The South Lin	1760	Feet From The	East	078272C	
	Unit Letter;;	Feet From The Boutin		<b>5</b> .2.2	Arriba		
	Line of Section 4 Town	nship 23N Range	7W , NMF	M, KIO	ALLIDA	County	
11	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS Andress (Give addres	s to which approved	copy of this form is	to be sent)	
•••	Note of Authorized Transporter of Oil Giant Refining Com	P.O. Box 25	P.O. Box 256 Farmington, N.M. 87401				
	Name of Authorized Transporter of Cas.	1	Address (Give address to which approved copy of this form is to be sent)				
	Grace Petroleum Corporation 6501 N. Broadway, Oktable Crty, CK 75110					73110	
	If well produces cil or liquids,  J 4 23N 7W Yes						
	If this production is commingled wit	h that from any other lease or pool	, give commingling or	ler number:		· ·	
١¥.	COMPLETION DATA	Cil Well Gas Well	New Well Workove		Plug Back   Same Re	s'v. Dill. Res'v.	
	Designate Type of Completio	n - (X)	Total Depth		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	10.4. 20		·		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
					Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	CASING A TURING SIZE		DEPTH SET		SACKS CEMENT		
	HOLESIZE					· ·	
۲.	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total v depth or be for full 24 ho	ur <b>a</b> j		exceed top allow-	
•	OII. WELL Date Fire: New Oil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas lift,	etc.)		
	Date First New Oil Not 12 1		Casing Pressure	———	Choke Size		
	Length of Test	Tubing Pressure	Caring 1.33		C 40B		
	Actual Pred. During Test	C:1-Bbls.	Water-Bble.		Gas-MCF		
	GAS WELL		Bbls. Condensate/A	N/CE	Gravity of Condensa		
	Actual Fred, Test-MCF/D	Length of Test		,			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5	but-in)	Choke Size		
				L CONSERVA	TION COMMISSION		
V	T. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION  JUL 2 3 1982			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED_	ginal Signed by CH		, IV	
	I hereby certify that the rules and regulations of the On Commettee Commission have been compiled with and that the information give above is true and complete to the best of my knowledge and believe to the complete to the best of my knowledge and believe to the complete to the best of my knowledge and believe to the complete to the best of my knowledge and believe to the complete to the best of my knowledge and believe to the complete to the best of my knowledge and believe to the complete to the best of my knowledge.		f. BY	girdi, orginal 27 ora			
			II	A BAR ILIPIA	INC		

FOR: BYRON OIL INDUSTRIES

Dewayne Blancett (Signature) Production Foreman Walsh Engineering & Production Corporation (Title) 7/20/82

(Dute)

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

If this is a request for allowable for a newly drilled or despensed 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 silow-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 ampleted wells.