|      | 1/2/: 14/11/11/11/10/4  |   |   |                   | _                         |                   |  |
|------|---|---|---|-------------------|---------------------------|-------------------|--|
| }    | SANTAFL   | NEW MEXICO OIL, CO<br>REQUEST   | FOR ALLOWABLE Supersedes Old C-104 and C-1  |                   |                           |                   |  |
|      | TILE  | Attry Effective 1-4-65  |   |                   |                           |                   |  |
|      | U.S.G.S.  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |   |                   |                           |                   |  |
|      | IBAL CONTEN OIL   |   |   |                   |                           |                   |  |
|      |   |   |   |                   |                           |                   |  |
|      | PRODUCTION OF LICE  |   |   |                   |                           |                   |  |
| 1.   | Operator  |   |   | 0                 | Col Con                   |                   |  |
|      | BYRON OIL INDUSTRIES  |   |   |                   |                           |                   |  |
|      | 2200 E. 104th Avenue, Suite 217 Thornton, Colorado 80284  |   |   |                   |                           |                   |  |
|      | Reason(s) for liling (Check proper box)  Other (Please explain)   |   |   |                   |                           |                   |  |
|      | Hew Well  | Change in Transporter  Change in Transporter  Change in Transporter                                 |   |                   |                           |                   |  |
|      | Stange in Ownership   Casinghead Gas   Condensate   Effective 8/1/82  |   |   |                   |                           |                   |  |
|      | If change of ownership give name  |   |   |                   |                           |                   |  |
|      | and address of previous owner   |   |   |                   | <del></del>               |                   |  |
| 11.  | DESCRIPTION OF WELL AND LEASE.    Lease No.   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.   |   |   |                   |                           |                   |  |
|      | Lease Name<br>Hanson Federal  | 1 Lybrook Gall  |   | <b>.</b>          | <sup>or F</sup> ••Federal | Lease No.         |  |
|      | Legation  | 1 1 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3   | - ap  |                   | rodorar                   | 080273            |  |
|      | Unit Letter L : 1650 Feet From The South Line and 700 Feet From The West  |   |   |                   |                           |                   |  |
|      | 3   | waship 23N Range  | 7W , NMP  | , Pio             | Arriba                    | County            |  |
|      | Line of Section 5 Tov   | vnship 23N Range  | /W , NMPI   | A, KIO            | AIIIDa                    | County            |  |
| !11. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent) |   |   |                   |                           |                   |  |
|      | Name of Authorized Transporter of Oil Giant Refining Cor  |   | i .   | _                 |                           | 1                 |  |
|      | lane of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  |   |   |                   | to be sent)               |                   |  |
|      | Grace Petroleum Corpo   | ace Petroleum Corporation (6501 N. Broadway, Oklahoma City, Ok 73116                                |   |                   |                           |                   |  |
|      | If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Pge.   | Yes Yes   | ted y   when      |                           |                   |  |
|      |   | nis production is commingled with that from any other lease or pool, give commingling order number: |   |                   |                           |                   |  |
|      | COMPLETION DATA  On Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.   |   |   |                   |                           |                   |  |
|      | Designate Type of Completion  |   | l l   |                   |                           |                   |  |
|      | Date Spudded  | Date Compl. Ready to Prod.  | Total Depth   |                   | P.B.T.D.                  |                   |  |
|      |   | Name of Producing Formation   | Top Oil/Gas Pay   |                   | Tubing Depth              |                   |  |
|      | Elevations (DF, RKB, RT, GR, etc.,  | Name of Producing Formation   | 7.00 0.1.7 0.22 1. 2.7  |                   |                           |                   |  |
|      | Perforations  | 1   |   |                   | Depth Casing Shoe         |                   |  |
|      | TUBING, CASING, AND CEMENTING RECORD  |   |   |                   |                           |                   |  |
|      | HOLE SIZE   | CASING & TUBING SIZE  | DEPTHS  | 1                 | SACKS CE                  | MENT              |  |
|      |   |   |   |                   |                           |                   |  |
|      |   |   |   |                   |                           |                   |  |
|      |   |   |   |                   |                           |                   |  |
| v.   | TEST DATA AND REQUEST F   | OR ALLOWABLE (Test must be a  | fter recovery of total vol  | ume of load oil a | nd must be equal to or    | exceed top allow- |  |
|      | able for this depth or be for full 24 hours)  OII. WELL  Date First New Oil Bun To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)   |   |   |                   |                           |                   |  |
| ,    | Date 1 and the out  |   |   |                   | I ov v see                |                   |  |
|      | Length of Test  | Tubing Pressure   | Casing Pressure   |                   | Choke Size                |                   |  |
|      | Actual Pred. During Test  | Cil-Bbis.   | Water - Bbls.   |                   | Gas-MCF                   |                   |  |
|      | Actual From David   |   |   |                   | <u> </u>                  |                   |  |
|      |   |   |   |                   |                           |                   |  |
|      | GAS WELL Actual Prod. Toot-MCF/D  | Length of Test  | Bbls. Condensate/MM   | CF                | Gravity of Condensate     |                   |  |
|      | Actual  |   |   |                   |                           |                   |  |
|      | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   | Cosing Pressure (Shu  | t-1n j            | Choke Size                |                   |  |
|      | OFFICIAL OF COURT IN  | CE  | OIL   | CONSERVA          | TION COMMISSIO            |                   |  |
| VI.  | CERTIFICATE OF COMPLIANCE   |   | JUL 2 3 1982 Original Signed by CHARLES GHOLSON   |                   |                           |                   |  |
|      | I hereby certify that the rules and regulations of the Oil Conservation   |   | APPROVED  | al Signed by CF   | TARLES GHOLSON            | , 1 <b>y</b>      |  |
|      | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  |   | BY  |                   |                           |                   |  |
|      | FOR: BYRON OIL INDUSTRIES   |   | TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3  |                   |                           |                   |  |
|      |   | This form is  | This form is to be filed in compliance with RULE 1104.  |                   |                           |                   |  |
|      | Dewrope Blas  | If well this form mu  | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation |                   |                           |                   |  |
|      | Dewayne Blancett (Sign  | tests taken on the  | tests taken on the well in accordance with RULE 111.  |                   |                           |                   |  |
|      | Walsh Engineering & Production Corp.  |   | All sections of this form must be filled out completely for allowable on new and recompleted wells.                                     |                   |                           |                   |  |
|      | 7/20/82   |   | 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. |                   |                           |                   |  |
|      | (Dute)  |   | Separate Forms C-104 must be filed for each pool in multiply  |                   |                           |                   |  |
|      |   |   | completed wells.  |                   |                           |                   |  |