DE COSTES BETTIVED សាទាយាមិនាចា NEW MEXICO OIL CONSURVATION COMMISSION Form C-104 Supersedes Old C-108 and C-170 Effective 1-1-65 SANTAFE REQUEST FOR ALLOWABLE FILE AHID u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND SELICE PORTER OPERATOR PROPATION OFFICE Operator Byron Oil Industries, Inc. Address 104th Avenue, Suite 217, 80234 2200 E. Thornton, Colorado, Other (Please explain) Reason(s) for filing (Check proper box) X CII Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Pool Name, Including Formation NM No. Well No. State, Federal or FeeFederal 080273 Hansen Federal 2 Lybrook Gallup 686 1806 -812 1050 Feet From The South Line and East 23N Rio Arriba 7W NMEM. County Township Range Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X P.O. Box 26251, Albuquerque, NM 87125 Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas Is gas actually connected? P.ge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Workove: Gas Well New Well Deepen Designate Type of Completion - (X) Х Х P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 2-23-82 5801 5754 Top Oll/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 5366 5649 7044 GL . 7056 KB Gallup Depth Casing Shoe Perforations 5801 5366 - 5633 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 8-5/8 4-1/2 $\frac{12-1/4}{7-7/8}$ 250 sx "B" 3% CC 268 1300 sx 50-50 Poz 10.50¼b. 5801 238 5649 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test F<u>low</u> 3-16-82 3-11-82 Choke Size Tubing Pressure Casing Pressure Length of Test 24 hours 110 Oil-Bble. Water - Bble. Actual Fred, During Test 233 80 80 40 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Pred. Test-MCF/D Length of Test

Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

0 0 00 100	Qland H	
Dewayre !	(Signature)	n responsy
Production	Foreman	

(Duc)

March 17, 1982

(Title)

OIL CONSERVATION COMMISSION

1982 APR APPROVED. Original Signed by FRANK T. CHAVEZ

TITLE _

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

If this is a request for allowable for a newly drilled or despened 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 allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, sell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.