

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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OCT 03 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
OIL CON. DIV. / DIST. 3

I.

Operator
BYRON OIL INDUSTRIES, INC.

Address
1302 CLARKSON/CLAYTON CENTER, SUITE 106, BALLWIN, MO 63011

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

OPERATOR
XXXXXX
If change of ownership give name and address of previous operator
FOUR CORNERS EXPLORATION CO., FARMINGTON, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LYBROOK #2	Well No. #2	Pool Name, including Formation LYBROOK-GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 82-07827
Location Unit Letter I : 1700 Feet From The South Line and 370' Feet From The East Line of Section 4 Township 23N Range 7W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GRACE PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) 6501 N. BROADWAY, OKLAHOMA CITY, OK 73116-8298
If well produces oil or liquids, give location of tanks. Unit I Sec. 4 Twp. 23N Rge. 7W	Is gas actually connected? When Yes July 1, 1986

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
TITLE _____ SUPERVISOR DISTRICT # 3

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 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, well 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
4-5-86	4-22-86		5801'			5757'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
7150 GR	GALLUP		5163'			5642'			
Perforations						Depth Casing Shoe			
						5801'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		8-5/8		222		159 cu.ft.cir.to surface			
7-7/8		4-1/2		5801		2066 cu.ft. " " "			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
4-22-86	4-22-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	20	480	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	27	17	7-1-86

GAS WELL

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