

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

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

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

NOV

Operator
 The Harlow Corporation

Address
 600 Petroleum Building, Amarillo, TX 79101

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of Oil Dry Gas Casinghead gas connected 10/25/81

Recompletion Oil Condensate

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien Fee "19"	Well No. 5	Pool Name, including Formation Twin Lakes - San Andres Assoc	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>					
Line of Section <u>19</u> Township <u>8S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Brio Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) 12700 Park Central Dr., Suite 215, Dallas, TX 75251				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mapco Production Co.	Address (Give address to which approved copy of this form is to be sent) 1800 S. Baltimore, Tulsa, OK 74119				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 19	Twp. 8S	Rge. 9E	Is gas actually connected? When Yes 10/25/81

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

7. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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		

7. 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

W. B. LaFon
 W. B. LaFon
 (Signature)

Production Engineer
 (Title)

10/29/81
 (Date)

OIL CONSERVATION COMMISSION

NOV - 5 1981

APPROVED _____, 19

BY *Mike Williams*

TITLE **OIL AND GAS INSPECTOR**

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.