HO. OF COPIES RECEIVED SANTA FE

NEW MEXICO OIL CONSERVATION CO. .SSION REQUEST FOR ALLOWABLE AND

Poim C+104 Supergedes Old C-104 and.C-11 Effective 1-1-65

	U.S.G.S,	SAS					
	IRANSPORTER OIL I			RECEIVED			
	OPERATOR /	_		JUL 2 4 1979			
1.	Operator The Healer C	O. C. C.					
	The Harlow C	ARTESIA, SPPICE					
	600 Amarillo Petroleum Building, Amarillo, TX 79101 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well						
	Recompletion Change in Ownership	nsale					
	If change of ownership give name and address of previous owner						
ï.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name Angleding Formation oc. Kind of Lease Leane No.						
	Kuchemann 1 Undesignated			San Andres	asset .		
	Location	and 954 Fee From The West					
	Unit Letter D; 990 Feet From The North Line and 954 Feet From The West Line of Section 30 Township 85 Range 29E , NMPM, Chaves County						
.1.	DESIGNATION OF TRANSPOR'		AND NATURAL GA	AS Address (Give addres	s to which approv	ed copy of this form is to	beyespe)
	Brio Petroleum, Inc.			12700 Park Central Dr., Suite 215, Dallas, TX Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (intre address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks. Unit Suc. Twp. P.go. 30 85 29E			is gas actually connected? When No			
	If this production is commingled with that from any other lease or pool, give commingling order number:						
٧.	Designate Type of Completion - (X)			Now Well Workever Deepen Plug Back Same Nos'v. Diff. I		. Diff. Restv.	
	Date Spuddod	1	Ready to Prod.	Total Dopth		P.B.T.D.	· · · · · · · · ·
		1	Land Constant	Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	lucing Formation	Top On/ous Pay			
	Perforations				Depth Casing Shoe		
		TUBING, CASING, A		D CEMENTING RECORD			
	HOLE SIZE	CASING	G & TUBING SIZE	DEPTH SET		SACKS CEMENT	
٧.	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)						
i	OH. WELL Dute First New Oil Run To Tanks Date of Test Preducing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Press	we	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bble.		Water-Bbls.		Gae-MCF	
į						100000	
,	GAS WELL Actual Fred, Test-MCF/D	Bbls, Condensate/MMCF		Gravity of Condensate			
		Length of Tee		Casing Pressure (Shi		Choke Size	Ci le
	Teating Method (pitot, back pr.)	Tubing Press	w•(shut-lu)				
1.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION APPROVED JUL 2 5 1979 . 19			
	I hereby cortify that the rules and a						
	Commission have been compiled washove is true and complete to the	BY W.C. Z. W.S. T.					
	/ / //			TITLE SUPERVISOR, DISTRICT II			
	Min Melle			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffict or despensed			
•	(Signature) Operations Manager (Titla)			well, this form must be accompenied by a tabulation of the cevisitied tests taken on the well in accordance with RULE 111.			
				All accitons	of this form mus	t be filled out complete	ly for allow-
	7-23-79			File on new and recompleted walls. 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.			
	(De	well name or number, or transporter, or other aden change in condition					