

|                   |     |
|-------------------|-----|
| DISTRIBUTION      |     |
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

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

Form C-104  
Superseding Old C-104 and C-  
Effective 1-1-65

RECEIVED

NOV 2 1981

O. C. D.  
ARTESIA, OFFICE

Operator  
The Harlow Corporation  
Address  
600 Petroleum Building, Amarillo, TX 79101

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Casinghead gas connected 10/25/81

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                      |               |                                                                |                                        |     |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|----------------------------------------|-----|-----------|
| Lease Name<br>Kuchemann                                                                                                                              | Well No.<br>2 | Pool Name, including Formation<br>Twin Lakes-San Andres Assoc. | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location<br>Unit Letter E ; 2310 Feet From The North Line and 660 Feet From The West<br>Line of Section 30 Township 8S Range 29E NMPM, Chaves County |               |                                                                |                                        |     |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                  |                                                                                                                                 |            |            |             |                                   |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Brio Petroleum               | Address (Give address to which approved copy of this form is to be sent)<br>12700 Park Central Dr., Suite 215, Dallas, TX 75221 |            |            |             |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Mapco Production Co. | Address (Give address to which approved copy of this form is to be sent)<br>1800 S. Baltimore, Tulsa, OK 74119                  |            |            |             |                                   |                  |
| If well produces oil or liquids,<br>give location of tanks.                                                                                      | Unit<br>D                                                                                                                       | Sec.<br>30 | Twp.<br>8S | Rge.<br>29E | Is gas actually connected?<br>Yes | When<br>10/25/81 |

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

COMPLETION DATA

|                                      |                             |          |                 |          |        |                   |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res't. | Diff. Res't. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RKB, RT, TR, 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      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

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)

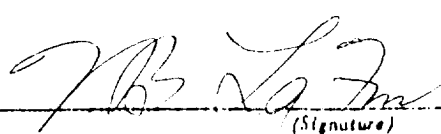
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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            |

CERTIFICATE OF COMPLIANCE

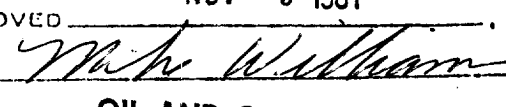
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
W. B. LaFon  
Production Engineer  
10/29/81  
(Date)

OIL CONSERVATION COMMISSION

NOV - 5 1981

APPROVED \_\_\_\_\_, 19

BY 

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.