NO. OF CUPIES RECEIVED			hamana la Wa
DISTITUTION			
SANTA FE		T	
FILE		1	/
U.S.G.S.			
LAND OFFICE			
THANSPORTER	OIL		
	G A S		
OPERATOR		11_	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION CC. (\$510) REQUEST FOR ALLOWABLE AND

Porm C-104 Superseder Old C-104 and C-11 Effective 1-1-65

11.5.G.5.	AUTHORIZATION TO TRAI	ASPORT OIL AND NATURAL (GAS		
LAND OFFICE		RECEIVED			
THANSPORTER GAS			WECEIVED		
PRORATION OF FICE	-				
Operator The Hamilton Com	poration.		0 C D		
The Harlow Coc	por at ron		ARTESIA, OFFICE		
600 Petroleum	Building Amarillo, TX	l Dibas (Blaces explain)			
Reason(s) for liling (Check proper box	Change in Transporter of:	TIGHT CHIEF C	AS MUST NOT BE		
Recompletion		CASINGHEAD GAS MUST NOT BE CASINGHEAD GAS MUST NOT BE CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-8 UNLESS AN EXCEPTION TO Pale 306			
Change in Ownership	Casinghead Gas Condens	UNLESS AN EX	CEPTION TO Pale 30 R		
If change of ownership give name and address of previous owner		IS OBTAINED			
. DESCRIPTION OF WELL AND	LEASE R. 6420	St. 2-4	46 Cp. 1-15.81		
Lease Name	Well No. Pool Name, inclusing For	7. 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	alor Fee Fee		
O'Brien Fee "18"	2 Undesignated -	EX # 2-5	,		
Unit Letter 0 ; 231	O Feet From The East Line	and 330 Feet From	The South		
Line of Section 18 To	ownship 85 Range 29	9E , NMPM, Chay	e S County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	5			
Name of Authorized Transporter of Ot	or Condensate	Address (Give dagress to which appro	12-2:		
Brio Petroleum Name of Authorized Transporter of Co	asinghed Gas [] or Dry Gas []	12700 Park Central Dr Address (Give address to which appro	. Suite 215, Dallas, TX oved copy of this form is to be sent)		
Name of Authorized Trunsporter of Co.					
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wi	hen		
give location of tanks.	<u> M </u>	no			
If this production is commingled w. COMPLETION DATA	Ith that from any other lease or pool, g	Now Well Workover Deepen	Plug Buck Same flesty, Diff. Resty.		
Designate Type of Complete	ion (X)	1 V 1 Dechen			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1/26/80	4/16/80	28321	28041 Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 011/Gas Pay 2662	2650		
3989 GR	San Andres	2002	Depth Casing Shoo		
	2662 - 72¹ 2 holes/ft.		28321		
		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE 8 5/8 11	DEPTH SET	75 Circulated		
11.	0 3/0				
7 7/8''	5 1/2 "	28321	125		
	A COMPANY OF THE COMP	the second of total volume of load of	l and must be equal to created top alicu		
7. TEST DATA AND REQUEST I	OR ALLOWABLE (less must be d) able for this de	pth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Tost	Producing Method (Flow, pump, gas	issi, etc.)		
4/10/80	5/5/80 Tubing Pressure	Pumping Casing Pressure	Choke Size		
Length of Test 24 hr	30#	30#	none 1 200		
Actual Pred. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF 7 Post 2 2 CO		
48	24	24	5 7		
GAS WELL			- E. F		
Actual Frod, Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate		
Teating Mothod (pitat, back pr.)	Tubing Prossure (Shui-in)	Casing Pressure (Shut-in)	Choke Size		
Teating Method (pitot, buck pity					
T. CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION		
		APPROVED MAY - 9 1	980		
a consider	d regulations of the Oil Conservation with and that the information given	1. G. Luessett			
above is true and complete to the best of my knowledge and belief.		BY			
/2		TITLE SUPERVISOR,			
m La Jan		This form is to be filed in compliance with HULE 1104. If this is a request for silowable for a newly diffict or despensed well, this form must be accompanied by a tabulation of the deviation			
Production Engineer	Title)	All sections of this form must be filled out completely for shows able on now and is completed walls.			
May 6, 1980	1		Fill out only Sections I. H. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition		
	Date)	Melt name of industry of Canal			