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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

RECEIVED

MAY 28 1981

Operator The Harlow Corporation /		O. C. D.
Address 600 Petroleum Building, Amarillo, TX 79101		ARTESIAN OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT FLARED AFTER 7-4-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED By #2-533 Expires 9-1-81
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

I. DESCRIPTION OF WELL AND LEASE

Lessee Name Kuchemann	Well No. 5	Pool Name, including Formation San Andres Twin Lakes-San Andres Ass.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter G ; 2310 Feet From The North Line and 2310 Feet From The East					
Line of Section 30 Township 8S Range 29E, NMPM, Chaves County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Brio Petroleum, Inc.	2700 Park Central, Suite 215, Dallas, TX 75251	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit	Sec.	Twp.
Is gas actually connected?	When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Now Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/01/81	Date Compl. Ready to Prod. 5/04/81		Total Depth 2830'		P.B.T.D. 2801'			
Elevations (DF, RKB, RT, GR, etc.) 3929GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2688'		Tubing Depth 2662'			
Perforations 2688-2716' 4 holes per ft.					Depth Casing Shoe 2830			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 20#		126 1/2'		4 yds			
7 7/8"	5 1/2" 14#		2830'		125 sx			
	2 3/8" EU		2662'					

VI. 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 05/04/81	Date of Test 05/26/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45#	Casing Pressure 45#	Choke Size none
Actual Prod. During Test 127 Bbls	Oil-Bbls. 35	Water-Bbls. 92	Gas-MCF 24

GAS WELL

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

III. 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
(Signature)
Production Engineer
(Title)
05/27/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 28 1981
BY W.A. Gressitt
TITLE SUPERVISOR, DISTRICT II

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.