····	Reason(s) for filing (Check proper bas New Well Recompletion	AUTHORIZATION TO TR AUTHORIZATION TO TR boration Building, Amarillo, TX 79 Change in Transporter of Oil Dry G	as Casinghead gas co	Form C-104 Superaeder Old C-105 and C-11 Effective FreeSEIVED GAS NOV 2 1981 O. C. D. ARTESIA, OCACE
	Change in Ownership If change of ownership give name and address of previous owner	Caeinghead Gan 🔄 Conde	nsdie	· · · · · · · · · · · · · · · · · · ·
1.	ESCRIPTION OF WELL AND LEASE. ease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease No.			
	Kuchemann 5 Twin Lakes-San Andres Assoc. State, Federal or Fee Fee			
	Unit Letter G Feet From The North Line and 2310 Feet From The East			
	Line of Section 30 To	onship 85 Rango	29Е , ммрм, Chav	ves County
1.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Oil g or Condensate Brio Petroleum Name of Authorized Transporter of Casinghead Gas or Dry Gas Mapco Production Co,		Address (Give address to which approved copy of this form is to be sent) 75251 12700 Park Central Dr., Suite 215, Dallas, TX Address (Give address to which approved copy of this form is to be sent) 1800 S. Baltimore St., Tulsa, OK 74119 Is gits actually connected?	
	If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. P.go.	Yes	10/25/81
	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completic	on - (X) Oil Wall Gas Well	New Well Workover Deepen	Plug Back Same Hesty, Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, 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
	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or execut top allow- able for this depth or be for full 24 hours)			
Ī	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	Qil·Bbls.	Water - Bbls.	Gae • MCF
ļ			<u>I</u>	
-[GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ł	Testing Huthod (pilot, back pr.)	Tubing Proseure (Shut-lu)	Casing Prensure (Shut-in)	Choke Sixe
ן ז. ו	CERTHFICATE OF COMPLIANC	E	OIL CONSERVA	
1	I hereby certify that the rules and regulations of the Oil Connervation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief.		APPROVED 19	
			BY OIL AND GAS INSPECTOR TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly difficit or deepened	
NB Jam		m. B. LaFon		
-	- f Signa	ture)	If this is a request for allowable for a howly diffed of despined 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 allow- shie on now and recompleted wells.	
-	Production Enginee (Tub			
10/29/81 (Dute)			Fift out only Sections I. H. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
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