	tiven					
DISTRIBUTION						
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE						
IRANSPORTER	OIL					
INANSPORTER	GAS					
OPERATOR						
PROBATION OFFICE						
Operator						
BARFIEL	D OIL	COF	RPOR			
Address						
1512 Larimer Street						
Reason(s) for filing (Check proper box)						
New Well	Ц					
Recompletion	Ц					
Change in Ownership X						
If change of owners and address of pre-						

	DISTRIBUTION SANTA FE FILE	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND	Superse Effectiv	104 des Old C-104 and C-110 • 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATU	RAL GAS			
	TRANSPORTER OIL GAS						
	OPERATOR GAS		•		1984 A		
1.	PRORATION OFFICE Operator						
	BARFIELD OIL CORPOR	ATION		<del></del>	<u> </u>		
	Address 1512 Larimer Street	. Suite 400. Denver. CO	80202	e			
Reason(s) for filing (Check proper box)  Other (Please explain)							
	New We!!	Change in Transporter of:  Oil Dry Gar					
	Change in Ownership X	Casinghead Gas Conden	sate		·		
	If change of ownership give name and address of previous owner	KENAI OIL & GAS INC., 1	675 Larimer St., S	nite 500, Denve	CO 80202		
11.	DESCRIPTION OF WELL AND I	EASE.   Well No.   Pool Name, Including Fo	ormation Kind	of Lease	Lease No.		
	McKenzie	2 South Blanco	P.C. State	Federdi or Fee Fede	ral NM-01501		
	Location H . 185	60 Feet From The North Line	and 1190 Fee	From The East			
	Our Lane						
	Line of Section 25 Tow	mship 25 North Range 6	West , NMPM,	Rio Arriba	County		
ın.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to whice	h approved copy of this fo	orm is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🗔	Address (Give address to which		1		
	El Paso Natural Gas Com	npany Unit Sec. Twp. P.ge.	P.O. Box 1492, El	Paso, Texas 7	9978		
	If well produces oil or liquids, give location of tanks.		Yes	i			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order numb	er:			
IV.	Designate Type of Completio	Oil Well Gas Well	New Well Workover De	pen Plug Back Sc	me Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
				Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	· ·			
	Perforations		<u> </u>	Depth Casing S	hoe		
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACH	SCEMENT		
	The same and the province of	DR ALLOWARIE (Test must be a	ler recovery of total volume of	load oil and must be equa	l to or exceed top allow-		
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours) Producing Method (Flow, pum				
	Date First New Oil Run To Tanks	Date of Test	Producting waterios (1 100) poss				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas-MCF	•		
			<u> </u>				
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Con-	denegte		
	Actual Prod. Test-MCF/D	Length of Test					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-in)	Choke Size			
Thomas J. Kane  Assistant Secretary  [Title]			OIL CON	ERVATION COMM	R 1 - 1983		
			APPROVED				
			BY Original Superior Profits of HAVEZ		ge i		
			TITLE	<u>مِنافِر</u>	Ar s		
			This form is to be f	led in compliance with	NULE 1104.		
			If this is a request	If this is a request for sliowable for a newly drilled or despend			
			tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-				
			II ahla on new end recomp	able on new and recompleted wells.  Fill out only Sections 1, II, III, and VI for changes of owner,			
	Echmique 27 1007		IL PILL OUT ONLY SECUL	*** ** *** ***	- abanca of condition.		

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed walls.