Submit 5 Copies
Appropriate Estrict Office
DISTRICT 1
P.O. flox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTR	ANSPORT OIL	AND NATURAL G	AS	W V	
Operator	ē.	C.		Well A	.PI No. >-031-2	V1-78
Robert L. Bayless				190	2021-a	0000
Address PO Box 168, Farmingto	on, NM 87499					
Reason(s) for Filing (Check proper box)	i i		Other (Please expl	lain)		
New Well	Change i	n Transporter of:			j.	
Recompletion	ou 🗀	Dry Gas 📙			•]
Change in Operator	Casinghead Gas	Condensate [·	
	ana Dotmolou	m Covo 180)1 Broadway #154	ln Denve	er CO 8020	2
II. DESCRIPTION OF WELL.		m corp., loc	or broadway #154	o, benve	<u>.,, 00 0020</u>	
Lesse Name	Well No.	Pool Name, Including	ne Formation	Kind o	f Lease	Lease No.
Santa Fe Pacific Railroad 30 @ Miguel			reek Gallup		Fodoral ar Foce (Fee)	
Location Unit Letter	525	Feet From The	auth Line and	90 Fc	et From The	ast Line
Section 20 Township	16N	Range 06V	, NMPM,	McKinley	<u>, </u>	County
			DAT CAS			
M. DESIGNATION OF TRAN	AL GAS Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil Or Condensate			PO Box 159, Bloomfield, NM 87413			
Gary-Williams Energy			Address (Give address to w			to be sent)
Name of Authorized Transporter of Casing	head Gas	or Dry Gas		піся арргожа		
If well produces oil or liquids, give location of tanks.	Unit Sec.	16N16W	Is gas actually connected?	When	7.	
If this production is commingled with that I	rom any other lease of	pool, give commingli	ng order number:	-		
Designate Type of Completion	Oil We	Gas Well	New Well Workover	Деерев	Plug Back Same	Res'v Diff Res'v
		in Park	Tual Depth	<u>.</u>	P.B.T.D.	
Date Spudded	Date Compl. Ready	μο P100.	rom pepu			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas Pay		Tubing Depth	
					Depth Casing Sho	<u>:</u>
Perforations	 ;	Ŷ		:	Depart Calling and	
	TIRING	CASING AND	CEMENTING RECOR	ED .		
LOUE CITE		UBING SIZE	DEPTH SET		SACK	S CEMENT
HOLE SIZE	CASING & I	DDII1G SIZE				
		<u> </u>			1	
		<u>Y</u>				:
		<u> </u>			·	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE			depth or he for full	24 hours l
		e of load oil and must	be equal to or exceed top all Producing Method (Flow, po	unn one lift a	(c.)	
Date First New Oil Run To Tank	Date of Test		Producing Medica (Fiber, po	mih' Em idil e		
			0 : 0		Parks 12	
Length of Test	Tubing Pressure		Casing Pressure		DE	
Actual Prod. During Test	Oil - Bbls.	i.	Water - Bbls.		JAN	3 1992
a. a. vmr v					OIL C	ON. DIV
GAS WELL	Length of Test	7	Bbls. Condensate/MMCF		Gravity of Coad	AST. 3
Actual Frod Test - MCF/D	Lengur of Test	\$ 5		•		
	Tubing Pressure (Shi	il-in)	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pitot, back pr.)	I thomas I resource (300)	3. 2.				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	011 001	JOEDV	VTIONI DIV	ISION
I hereby certify that the rules and regula		イクには A V	ATION DIV			
Division have been complied with and I	641 4 0 4000					
is true and complete to the best of my knowledge and belief.			Date Approved JAN 13 1932			
	Date ripping					
1/150	Srank J. Jane					
Simulian	By					
Robert L. Bayless	SUPERVISOR DISTRICT #3					
Printed Name		⊊ Tide 26-2659	TitleSUFE			
Jan. 10, 1992		lephone No.				
Date	16		11			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.