Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TOT	RANSPORT O	L AND NATURAL GAS			
Operator Robert L. Bayless			30-031-20707			
Address	NM 0740	10		10-	- · · · · · · · · · · · · · · · · · · ·	
PO Box 168, Farmingt Reason(s) for Filing (Check proper box)	on, NM 8/49	19	Other (Please explain	:)		
New Well	_	e in Transporter of:		•		
Recompletion	Oil Casinghead Gas	☐ Dry Gas ☐ ☐ Condensate ☐				
If the se of one toggive name		eum Corp., 18	301 Broadway #1540	, Denver, CO 802	202	
II. DESCRIPTION OF WELL	AND LEASE	•				
Santa Fe Pacific Railroad Well No. Pool Name, Includi			ling Formation reek Gallup	i los es e es l		
Location Unit Letter	: 1650	Feet From The	outh Line and 99	Feet From The	West Line	
Section 21 Townshi	p 16N	Range 06	SW .NMPM. MO	cKinley	County	
III. DESIGNATION OF TRAN			DRAL GAS			
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Gary-Williams Energy Corp. Address (Give address to which approved copy of this form is to be sent) PO Box 159, Bloomfield, NM 87413						
Gary-Williams Energy Corp. PO Box 159, Bloomfie Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When ?			
If this production is commingled with that	4		ling order number:			
IV. COMPLETION DATA	Joil W	'ell Gas Well	New Well Workover	Deepen Plug Back Sar	ne Res'v Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready	y w Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
Perforations				Depth Casing Shoe		
		·				
HOLE SIZE	· · · · · · · · · · · · · · · · · · ·	G, CASING AND TUBING SIZE	CEMENTING RECORD DEPTH SET	SAC	KS CEMENT	
		<u></u>				
/. TEST DATA AND REQUES OIL WELL (Test must be after re			be equal to or exceed top allowa	ible for this depth or be for fi	ull 24 hours.)	
Date First New Oil Run To Tank	Date of Test	ac of toda on the man	Producing Method (Flow, pump		EIVER	
Length of Test	Tables Description		Casing Pressure	Gold Size		
Length of Test	Tubing Pressure			IAN.	1 3 1992	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas-MCF OIL C	ON. DIV.	
GAS WELL					DIST. 3	
Actual Frod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Coad	ensate	
esting Method (pitos, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION Date Approved JAN 13 1992			
Signature	17/		By Srank . Javes			
Rotert L. Bayless Uperator Printed Name Title			Title SUPERVISOR DISTRICT 3			
Jan. 10, 1992 Date		26-2659 clephone No.	Life and said the said to the said the said to	and the second s		

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.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.