Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| 1. | | 10 IIIAI | 13/ 0/11 0/ | L AND NA | TOTIAL CA | | A DI Ma | | | |
|--|---|----------------|--------------------------|---------------------------------|--|-----------------|-----------------------|--|-------------|--|
| Robert L. Bayless | | | | | | | API No. | 1-20 | 109 | |
| Address | | 30-031-20709 | | | | | | | | |
| PO Box 168, Farmingt | on, NM | 87499 | | | | | | | | |
| Reason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | | | |
| New Well | 6.1 | | ransporter of: | | | | | | | |
| Recompletion X | Oil Casinghea | _ | Dry Gas L | | | | | | | |
| | | | | 01 0 | | O D | CO (| 00202 | | |
| and address of previous operator B. DESCRIPTION OF WELL | | | Corp., 18 | UI Broad | Way #154 | u, penv | er, co a | 30202 | | |
| Lease Name Well No. Pool Name, Include | | | | | | | d of Lease Na. | | ease No. | |
| Santa Fe Pacific Railroad SI Miguel | | | Miguel Cr | reek Gallup | | | State; Federal or Fee | | ee) | |
| Unit Letter | .33 | 30, | Feet From The | outh Lin | e and 90 | <u> 10</u> F | set From The. | Wes | Line | |
| Section (2) Township | p 16N | 1 г | Range 06 | W , N | мрм, І | McKinle | у | | County | |
| THE PROPERTY OF THE AND AND AND | споршо | D OF OH | A D DD DIA DOE | DAT CAC | | | | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTE | or Condense | | Address (Giv | e address to wh | ich approved | copy of this f | orm is to be se | ent) | |
| Gary-Williams Energy | Address (Give address to which approved copy of this form is to be sent) PO Box 159, Bloomfield, NM 87413 | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | 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 Soc. Twp. Rge. | | | Is gas actually connected? When | | | ? | | | |
| If this production is commingled with that i | from any oth | | | ling order num | ber: | | | | | |
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | <u> </u> | <u> </u> | 1 | <u> </u> | <u> </u> | <u> </u> | 1 | 1 | |
| Date Spudded | Date Comp | al. Ready to F | rod. | Total Depth | | | P.B.T.D. | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | | Depth Casing Shoe | | |
| | | | | | · | | | | | |
| TUBING, CASING AND | | | | CEMENTI | | <u>D</u> | SACKS CEMENT | | | |
| HOLE SIZE CASING & TUBIN | | | ING SIZE | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | N. 10 | <u> </u> | | | <u> </u> | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | T FOR A | LLOW Ai | BLE Tood oil and must | he equal to or | exceed top allo | wahle for thi | s depth or be t | for full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Tes | | icaa va una masi | Producing Me | thod (Flow, pw | mp, gas lift, e | IC. P | 629 | WEIN | |
| | | | | | | | DEGETTE | | | |
| Length of Test | Tubing Pres | ગાહ | - | Casing Pressure | | | Cost Size | 01 | 002 | |
| And Deed Design To 1 | D. D. | | | Water - Bbls. | | | Gas-MCF 3 1992 | | | |
| Actual Prod. During Test | Oil - Bbls. | | | 17.000 | | | OIL CON. DIV. | | | |
| GAS WELL | <u> </u> | | | | | | | DIST. | 3 | |
| AS VV DDD Length of Test Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of C | oodensate | | |
| | | | | | | | \ | | | |
| Testing Method (puot, back pr.) | Tubing Pres | sure (Shut-u | 1) | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VL OPERATOR CERTIFICA | ATE OF | COMPL | LANCE | | | CEDV/ | ΔΤΙ <u>ΟΝΙ</u> Ι | טועופור | N | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | Date Approved JAN 13 1992 | | | | | | |
| 1/2/1/ | | | | | Date Approved | | | | | |
| 10100 | | | | | By Sranks Chang | | | | | |
| Rocert L. Bayless Operator | | | | | OUDEDWISOR DISTRICT # 3 | | | | | |
| Printed Name Jan. 10, 1992 | į | ر -326–505 | * | Title. | JUI 12.1 | | | ······································ | | |
| | <u>-</u> | | oue No. | | | | | | | |

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.

Fill out only Sportions I. H. III. and VI for changes of operator, well name or number, transporter, or other such changes.