

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ROBERT L. BAYLESS

Address P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Changed from:</u> <u>Florance #5</u>	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

☐ Dry Gas
☐ Condensate

If change of ownership give name and address of previous owner Cenergy Exploration Co., 10210 Central Place, Dallas, TX 75231

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Ballard Pic. Cliffs</u>	Kind of Lease <u>Jicarilla</u>	Lease No. <u>Cont. 362</u>
Location				
Unit Letter <u>A</u>	<u>1090</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>East</u>			
Line of Section <u>7</u>	Township <u>23 North</u>	Range <u>4 West</u>	<u>NMPM,</u>	<u>Rio Arriba</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 4289, Farmington, NM 87499</u>		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
		<u>no</u>	<u>Pending C-104 Approval</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Operator
(Title)
1-30-85
(Date)

OIL CONSERVATION DIVISION
2-8-85
APPROVED [Signature] 1985
BY [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.

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 wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 7-12-84	Date Compl. Ready to Prod. 9-1-84	Total Depth 2900'				P.B.T.D. 2869'			
Elevations (DF, RKB, RT, GR, etc.) 6888' RKB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2516'				Tubing Depth 2531'			
Perforations 2516-2536'						Depth Casing Shoe 2900'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
9-7/8"	7-5/8"		106'		51 sx Class B 2% CaCl ₂				
4-1/2"	6-5/8"		2900'		350 sx Class B Neat				
	1-1/2"		2531'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>529</u> 453	Length of Test 3hr	Bbls. Condensate/MCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 665	Casing Pressure (Shut-in) 669	Choke Size 1/2"