

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

JUL 23 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 362 B	Well No. #2	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. Cont. 362
Location Unit Letter <u>I</u> ; <u>1550</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>23 North</u> Range <u>4 West</u> , NMPM, <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)
El Paso Natural Gas Company	P.O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When no ASAP

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.

Kevin V. McGee
(Signature)
Petroleum Engineer
(Title)
7-22-85
(Date)

OIL CONSERVATION DIVISION
7-30-85
APPROVED JUL 30 1985
BY Original Signed by FRANK T. CHAVEZ
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	XX	New Well	XX	Workover	Deepen	Plug Back	Same Res'v.	DIL. Res'v.
Date Spudded	4-15-85	Date Compl. Ready to Prod.	6-27-85		Total Depth	2620'		P.B.T.D.	2541'		
Elevations (D.F., RKB, RT, CR, etc.)	6891' GL, 6897' KB		Name of Producing Formation		Pictured Cliffs		Top Oil/Gas Pay	2476'		Tubing Depth	---
Perforations	2476-2491', 15'		30 holes		TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT		40 sx Class B w/2% CaCl		
HOLE SIZE	9-7/8"		7"		DEPTH SET		2600'		50-50 pozmix w/2% gel		
CASING & TUBING SIZE	2-7/8"		2-7/8"		200 sx Class B w/2% econolite		75 sx		50-50 pozmix w/2% gel		

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 log 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	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	624 607	Length of Test	3 hours	Bbls. Condensate/MCF	---	Gravity of Condensate	---
Testing Method (Flow, back pr.)	---	Tubing Pressure (Start-In)	---	Casing Pressure (Start-In)	670	Choke Size	3"
back pressure							