

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator	Robert L. Bayless
Address	P.O. Box 1541, Farmington, NM 87499
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Navajo	Lease No.
Glin Tomas	1	Wildcat-Gallup	State, Federal or Fee	Allottee	N00-C-1420
Location					
Unit Letter	N	: 790	Feet From The	South	Line and 1835
					Feet From The
					West
Line of Section	22	Township	22 North	Range	6 West
					, NMPM, Sandoval
					County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P.O. Box 1528, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	22	22N	6W	n/a	

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

## 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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
2-4-83	2-17-83	5480'		5426'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
7094 KB 7081 GL	Gallup	5161'		5225'				
Perforations 5161-5173 - 12 ft., 5182-5192 - 10 ft., 5195-5204 - 9 ft., 42 holes 5210-5214 - 4 ft., 5216-5220 - 4 ft., 5223-5226 - 3 ft., 1JSPF				Depth Casing Shoe				
				5477				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		215'		148 ft. <sup>3</sup>			
7-7/8"	4-1/2"		5478'		1890 ft. <sup>3</sup>			
	2-3/8"		5225'					

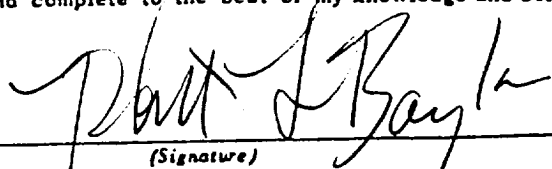
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-17-83	2-18-83	flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
6 hr test	--	325 psi	n/a
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	11 bbls	7 bbls	9 MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## 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.

(Signature)

Operator

(Title)

2/22/1983

(Date)

OIL CONSERVATION DIVISION	2-28-83	FEB 28 1983
APPROVED	, 19	
BY	Original Sign	
TITLE	SU	

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 allow-  
able 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