

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

4007

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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Glin Tomas	Well No. 1	Pool Name, Including Formation Wildcat-Gallup	Kind of Lease State, Federal or Fee	Navajo Allottee	Lease No. N00-C-1420 5042
Location Unit Letter <u>N</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1835</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>22 North</u> Range <u>6 West</u> , NMPM, <u>Sandoval</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 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 N	Sec. 22	Twp. 22N	Rge. 6W	Is gas actually connected? 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-4-83	Date Compl. Ready to Prod. 2-17-83	Total Depth 5480'			P.B.T.D. 5426'			
Elevations (DF, RKB, RT, GR, etc.) 7094 KB 7081 GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 5161'		Tubing Depth 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. ³		
7-7/8"		4-1/2"		5478'		1890 ft. ³		
		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 2-17-83	Date of Test 2-18-83	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 6 hr test	Tubing Pressure --	Casing Pressure 325 psi	Choke Size n/a
Actual Prod. During Test	Oil-Bbls. 11 bbls	Water-Bbls. 7 bbls	Gas-MCF 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.

Robert L. Bayless
(Signature)
Operator
(Title)
2/22/1983
(Date)

OIL CONSERVATION DIVISION
2-28-83
APPROVED _____, 19____
BY Original Signatory
TITLE _____

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