

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

RECEIVED

MAR 08 1985

OF CON. DIV.

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 Pool Name Change

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 393 B	Well No. #3	Pool Name, including Formation Ballard Pic. Cliffs	Kind of Lease State, Federal or Fee Jicarilla	Lease No. Cont. 393
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>23 North</u> Range <u>4 West</u> , NMPM, <u>Sandoval</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
	Yes

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)

Operator

(Title)

3-7-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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	X	New Well	X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	4-28-84	Date Compl. Ready to Prod.	5-22-84	Total Depth	2660'	P.B.T.D.	2573'				
Elevations (D.F., RKB, RT, CR, etc.)	7038' G.L.	Name of Producing Formation	Pic. Cliffs	Top Oil/Gas Pay	2492'	Tubing Depth	2653'				
Perforations	2492-2501'; 2510-2516'; 2544-2549'	20'	40 holes	Depth Casing Shoe	2653'						
TUBING, CASING, AND CEMENTING RECORD											
HOLE SIZE	9-7/8"	7"	126'	40 sx CLASS B w/2% CaCl ₂	SACKS CEMENT						
CASING & TUBING SIZE	2-7/8"	2653'	200 sx CLASS B w/2% econoil followed	by 65 sx 50-50 pozmix w/2% gel &	10% salt.						

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
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GAS WELL

Actual Prod. Test - MCF/D	226	Length of Test	3 hours	Bbls. Condensate/MCF	--	Gravity of Condensate	--
Testing Method (Spec. back pr.)	back pressure	Tubing Pressure (Spec-In)	480	Casing Pressure (Spec-In)	1/2"		