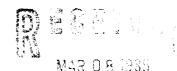
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

Operator Robert L. Bayless Address P.O. Box 168, Farmington, NM 87499 Reason(s) for filing (Check proper box) Other (Please explain) XX New Well Change in Transporter of: Recognistion Oil Dry Gas Change in Ownership Pool Name Change Casinghead Gas Condensate If change of ownership give name and address of previous owner, II. DESCRIPTION OF WELL AND LEASE Weil No. | Pool Name, Including Formation Kind of Lease Legae No. Jicarilla Jicarilla 393 B #3 Cont. 393 Ballard Pic. Cliffs Location 790 Feet From The South Line and 790 _ Feet From The __ West Township 23 North Range 4 West , NMPM, Sandova1 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas of Dry Gas 53 P.O. Box 4289, Farmington, NM 87499 El Paso Natural Gas Company Unit Twp. Is gas actually connected? Rae. If well produces oil or liquids, give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number:

APPROVED

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.

Tola	X Lay -	
~	(Signature)	
	Operator	
	(Title)	
	3-7-85	

(Date)

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

OIL CONSERVATION DIVISION

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SUPERVISOR DETRICT # 3

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 transportes, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-63 Page 2

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Bbis, Condensets/MACF	Jee'l to dipme.	
		VZ ALEIT
Weter - Bhis.	OII - Bbie	serbei Prod. During Teet
Casing Presewe	ewaesii paldul	tee∓ to digee.
Producting Machod (Flow, pump, 8	Date of Teet	esinoT of auf (10 well sail? esec
sites recovery of socal volume of loss epsk or be for full 24 hours)	FOR ALLOWABLE (Test must be a sale for this d	TEST DATA AND REQUEST
10% salt		
xs ç9 kq		
7653° 200 sx C	7-7/8	; <u>1.</u> 5/1−9
176, 40 sx CI		.,8/Z-6
	CASING & TUBING SIZE	BZIS BTOH
ID CEMENTING RECORD	TUBING, CASING, AN	
səlou Ob	2492-2501; 2510-2516; 2544-2549' 20'	
Top OU/Ges Pey	Name of Producing Formation Pic. Cliffs	Elevences (DF, RKB, RT, GR, etc.) 7038' G.L.
Total Depth	Date Compl. Ready to Prod.	48-82-4
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Top Oul/Gas Person Top Oul/Gas Person A D CEMENTING RECORD DEPTH SET 126 40 SX CI 2653' 200 SX CI 2660' 2492'	Name of Producing Formation 1-22-84 Name of Producing Formation Pic. Cliffs Tubing Pressure CASING & TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE OR ALLOWABLE (Test must be after recovery of satel volume of local casing Pressure Tubing Pressure Casing Pressure Casing Pressure 10% salt 10% s

(al-sade) emesers priduf

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Teeting Method (piot, back pr.)

(62-dade) 684