## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

September 12, 1984

DISTRIBUTION					
SANTA FE					
FILE					
u.s.a.s.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFFICE					

## 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

Fill out only Sections I. II. III. and VI for changes of ownerell name or number, or transporter, or other such change of condition

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

## REQUEST FOR ALLOWABLE

PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
TO HOW TO THE TOTAL OF THE TOTA	
Operator	
Robert L. Bayless	
Address DEEEEWEN	
P.O. Box 1541, Farmington, NM 87499	
Other (Please explaint)	
Character of:	
Out Age Dry Gga	
Recompletion  Change in Ownership  Casinghead Gas  Condensate  Cit  Condensate	
DIST. 3	
If change of ownership give name	
and address of previous owner	
THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	
Wall Me ( Bool Name (oc) point of ormation	ase No.
Lease Name    Stote, Federal or Fee   Incarrilla   30	90
Jicarilla 390 B #2 Ballard Pictured Cliffs   Jack Strategies   Ballard Pictured Cliffs   Jack Strategies   Jack Strategi	
Location	
Unit Letter J : 1850 Feet From The South Line and 1850 Feet From The East	
Sandoval	County
Line of Section 26 Township 23 North Range 4 West , NMPM, Sandoval	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
	ent)
Name of Authorized Transporter of Oil or Condensate	ent)
Name of Authorized Transporter of Oil or Condensate	
Name of Authorized Transporter of Cil ar Condensate Address (Give address to which approved copy of this form is to be s	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be s  Name of Authorized Transporter of Casinghead Gas or Dry Gas  P.O. Box 990 Farmington, NM 87499	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be s  Name of Authorized Transporter of Casinghead Gas or Dry Gas	
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Name of Authorized Transporter of Cil	
Name of Authorized Transporter of Oil or Condensate  Name of Authorized Transporter of Casinghead Gas or Dry Gas P.O. Box 990 Farmington, NM 87499  El Paso Natural Gas Co.  If well produces oil or liquids, give location of tanks.  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.	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas P.O. Box 990 Farmington, NM 87499  El Paso Natural Gas Co.  If well produces oil or liquids, que location of tanks.  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.  OIL CONSERVATION DIVISION	
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Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be a poly Paso Natural Gas Co.  El Paso Natural Gas Co.  If well produces oil or liquids, quel location of tanks.  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  Thereby certify that the rules and regulations of the Oil Conservation Division have APPROVED  Address (Give address to which approved copy of this form is to be a poly in the provided copy of the provid	
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Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be seen complied with and that the information given is true and complete to the best of my knowledge and belief.  Address (Give address to which approved copy of this form is to be seen complete to the best of my knowledge and belief.  Address (Give address to which approved copy of this form is to be seen condensate.  Address (Give address to which approved copy of this form is to be seen	
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Name of Authorized Transporter of Cli   or Condensate   Address (Give address to which approved copy of this form is to be s  EJ Paso Natural Gas Co.   P.O. Box 990 Farmington, NM 87499  If well produces oil or liquids, qive location of tanks.   Is questioned?   When qive location of tanks.   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.  Original Signed by FRANK I. CHAVEZ  SUPERVISOR DISTRICT # 3  This form is to be filed in compliance with sule 110	ent)
Name of Authorized Transporter of Oil or Condensate  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be seed to	ent)
Name of Authorized Transporter of Oil or Condensate  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be seem to	ent)
Name of Authorized Transporter of Oil or Condensate  Name of Authorized Transporter of Casinghead Gas or Dry Gas P.O. Box 990 Farmington, NM 87499  El Paso Natural Gas Co.  If well produces oil or liquids, Unit Sec. Twp. Rgs. 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.  Original Signed by FRANK T. CHAVEZ  TITLE SUPERVISOR DISTRICT # 3  This form is to be filed in compliance with RULE 110  If this is a request for allowable for a newly drilled or the supervisor of	t. deependeviati

1/2"

Designate Type of Completi	on $-(X)$	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Rest	
Data Spudded	Date Comp	l. Ready to I		Total Depth	<u> </u>	<u></u>	1	<u> </u>	! !	
4-23-84	5 22 04			1			P.B.T.D.			
Elevetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation			2760 Top Oil/Gas Pay			2691'			
7128' GL 7132' KB	Pictured Cliffs			2595 *			Tubing Depth			
Perforations	1 Fictu	rea CIII	IS	.1	J9J					
2595-2660' 23' 46 holes							Depth Casing Shoe 2751			
		TUBING,	CASING, ANI	CEMENTIN	G RECORD		_l			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SET		SA	CKS CEMEN	<del></del>	
9-7/8"	<u> </u>	7''			125'			SACKS CEMENT 98ft Class B w/2% CaCl		
6-1/4"	2-7/8"				2751 <b>'</b>		7			
					2131			lass B w/		
							light, followed by 82 f 50-50 poz w/2% gel 10%			
							מסת עוב – עום	7 14/27 00	7 10% ~	
. TEST DATA AND REQUEST	FOR ALLO	WADIE	Fore muse he w				<u> </u>	- W/2/0 EC	T TUM S	
. TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE 1	Test must be af able for this de	ter recovery o	total volume	of load oil	and must be equ	ual to or exce	re top allow	
OIL WELL Oute First New Oil Run To Tanks	FOR ALLO		Test must be af able for this de				and must be equ	ual to or excee	ed top allow	
			Test must be af sble for this de	ter recovery on the for file producing Me			and must be equ	ual to or excee	ed top allow	
			Fest must be aj ble for this de	Producing Me	thed (Flow, p		and must be equ	ual to or excee	e top allow	
Oate First New Oil Run To Tanks	Date of Teet		Fest must be of ble for this de		thed (Flow, p		and must be equ	ual to or excee	od top allow	
Octo First New Oil Run To Tanks  octop First New Oil Run To Tanks	Date of Teet		Test must be of ble for this de	Producing Me	thed (Flow, p		t, etc.) Choke Size	ual to or excee	ed top allow	
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one First New Oil Run To Tanks  ongth of Test  count Frade During Test	Date of Test		Test must be af ible for this de	Producing Me	thed (Flow, p		t, etc.) Choke Size	ual to or exced	ed top allow	
Onte First New Oil Run To Tanks  ongth of Test  onual Prod. During Test  AS WELL	Date of Test	-		Producing Me Casing Press Water - Bbis.	wheel (Flow, p		Choke Size	uel to or excee	ed top allow	
Onte First New Oil Run To Tanks  ongth of Test  onual Prod. During Test  AS WELL	Tubing President Coll-Bbls.  Length of Te	et et		Producing Me	wheel (Flow, p		t, etc.) Choke Size	uel to or excee	ed top allow	
AS WELL ctual Prod. Teet-MCF/D 25	Tubing President Oil-Bhis.  Length of Te	et hrs		Producing Me Casing Press Wener-Bale,	withod (Flow, p	oump, gas lif	Choke Size  Gas-MCF  Gravity of Con	uel to or excee	ed top allow	
AS WELL ctual Prod. Teet-MCF/D 25	Tubing President Coll-Bbls.  Length of Te	et hrs		Producing Me Casing Press Water - Bbis.	wheel (Flow, parts)	oump, gas lif	Choke Size  Generally of Conches Size	uel to or excee	ed top allow	

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IV. COMPLETION DATA