## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

** ** ****** ***	****		
DISTRIBUTION			
		$\square$	
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROMATION OFFICE			

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

REQUEST FOR ALLOWABLE AND
ALITHOPIZATION TO TRANSPORT OIL AND NATURAL CAS

Robert L. Bayless  P.O. Bix 168, Farmington, NM 87499    Proceeding   West   Change in Transporter of:   Charge in Transporter of:   Condensore   Condensore   Condensore   Change of ownership give name   Condensore	L.	MOPORT DIC AND HATURAC GAS		
P.O. Bix 168, Farmington, NM 87499    Proposition   Properties   Properties   Properties	Operator			
P.O. Bix 168, Farmington, NM 37499    Proposition   Propos	Robert L. Bayless			
Change in Transporter of:	Address			
Change of constraints (12/1/88)   Casingheed Gas   Condensate    Change of constraints give name   Conoco, Inc., P.O. Box 460, Hobbs, NM 88240  Change of constraints give name   Conoco, Inc., P.O. Box 460, Hobbs, NM 88240  Change of constraints give name   Conoco, Inc., P.O. Box 460, Hobbs, NM 88240  CDESCRIPTION OF WEIL AND LEASE   Well No. Pool Name, inclusing formation   AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   5   Ballard Pictured Cliffs   Sicie, Federal or Fee Indian   Jic.Cont. AXI Apache D   Feet From The   West   Line and Section   19   Township   24N   Range   Address (Give address to which approved copy of this form is to be sent)    Lossionation of Transporter of Cli   Or Condensate   Address (Give address to which approved copy of this form is to be sent)   P.O. Box 990, Farmington, NM 87499    Least of Authorised Transporter of Cliffs   Feet From The   NM 87499   P.O. Box 990, Farmington, NM 87499    Least of Authorised Transporter of Cliffs   Feet From The   P.O. Box 990, Farmington, NM 87499    Least of Authorised Transporter of the Oil Conservation Division have the complete of the best of value transporter of the Cliffs   P.O. Box 990, Farmington, NM 87499    Least of Authorised Transporter of the Oil Conservation Division have the complete of the best of value transporter of the Cliffs   P.O. Box 990, Farmington, NM 87499    Least of Authorised Transporter of Cliffs   P.O. Box 990, Farmington, NM 87499    Least of Authorised Tra	P.O. Box 168, Farmington, NM 87499			
Recomplation    Change of Generating   California   Calif	Reason(s) for liling (Check proper box)	Giher (Please explain)		
Change of ownership give name  Conoco, Inc., P.O. Box 460, Robbs, NM 88240   DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, including Formation  XInd of Lease  XXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  State, Federal or Fee  Indian  Jic.Contt.  Lease No.  AXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  Lease No.  AXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  Lease No.  AXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  AXII Apache D  State, Federal or Fee  Indian  Jic.Contt.  Lease No.  AXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  Lease No.  AXII Apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  AXII Apache D  State, Federal or Fee  Indian  Jic.Contt.  AXII Apache D  State, Federal or Fee  Indian  Jic.Contt.  Axiin apache D  Shallard Pictured Cliffs  State, Federal or Fee  Indian  Jic.Contt.  Axiin apache  Axiin	New Well Change in Transporter of:	,		
Change of ownership give neared deddress of previous owners.  Conoco, Inc., P.O. Box 460, Robbs, NM 38240  DESCRIPTION OF WELL AND LEASE personal water and provided and provi		Dry Gda		
DESCRIPTION OF WELL AND LEASE  DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, including Formation  AXI Apache D  S  Ballard Pictured Cliffs  State, Federal or Fee Indian  Jic.Cont.  Jocation  Unit Letter F  2310  Test From TheHOTTh Line and990  Feet From TheHOST  Line of Section 19  Township 24N  Range 4W  NMPM, Rio Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Claimqued Gas or Condensate  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)  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)  P.O. Box 990, Farmington, NM 87499  I well produces oil or liquide, Unit	X Change in Ownership (12/1/88) Casinghead Gas	Condensate		
DESCRIPTION OF WELL AND LEASE  DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, including Formation  AXI Apache D  S  Ballard Pictured Cliffs  State, Federal or Fee Indian  Jic.Cont.  Jocation  Unit Letter F  2310  Test From TheHOTTh Line and990  Feet From TheHOST  Line of Section 19  Township 24N  Range 4W  NMPM, Rio Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Claimqued Gas or Condensate  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)  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)  P.O. Box 990, Farmington, NM 87499  I well produces oil or liquide, Unit	I change of assesship give name			
AXI Apache D 5 Ballard Pictured Cliffs State, Federal or Fee Indian Jic.Controcation  Unit Letter F 2310 Feet From The NOFTH Line and 990 Feet From The West  Line of Section 19 Township 24N Range 4W NMPM, Rio Arriba Country  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Gas or Dry Gas (Address (Give address to which approved copy of this form is to be sent)  E1 Paso Natural Gas Company P.O. Box 990, Farmington, NM 87499  If well production of tense.  While production is commingled with that from any other lesse or pool, give commingling order number:  OTE: Complete Parts IV and V on reverts side if necessary.  It is form is to be filed in compliance with authorized transporter of Company Provided in a complete with and that the information given is true and complete to the best of w knowledge and belief.  ODE TATOS  Robert L. Bayles's (Federator)  ODE TATOS  (Title)  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)  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, NM 87499  I well production is commingled with that from any other lesse or pool, give commingling order number:  OTE: Complete Parts IV and V on reverts side if necessary.  OTE SUFFERVISION DIVISION  APPROVED  This form is to be filed in compliance with aul E 1104.  If this is a request for allowable for a savely drilled or desponded to the sent of the second parts and the compliance with aul E 111.  All sections of this form must be accompanied by a tabulation of the deviation tests taken as the well is accordance with AULE 111.  All sections of this form aust be filed out compliately for allowable on a savely drilled out compliately for allowable and recompleted wells.	and address of previous owner Conoco, Inc., P.O	. Box 460, Hobbs, NM 88240		
AXI Apache D 5 Ballard Pictured Cliffs State, Federal or Fee Indian Jic.Controcation  Unit Letter F 2310 Feet From The NOFTH Line and 990 Feet From The West  Line of Section 19 Township 24N Range 4W NMPM, Rio Arriba Country  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Gas or Dry Gas (Address (Give address to which approved copy of this form is to be sent)  E1 Paso Natural Gas Company P.O. Box 990, Farmington, NM 87499  If well production of tense.  While production is commingled with that from any other lesse or pool, give commingling order number:  OTE: Complete Parts IV and V on reverts side if necessary.  It is form is to be filed in compliance with authorized transporter of Company Provided in a complete with and that the information given is true and complete to the best of w knowledge and belief.  ODE TATOS  Robert L. Bayles's (Federator)  ODE TATOS  (Title)  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)  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, NM 87499  I well production is commingled with that from any other lesse or pool, give commingling order number:  OTE: Complete Parts IV and V on reverts side if necessary.  OTE SUFFERVISION DIVISION  APPROVED  This form is to be filed in compliance with aul E 1104.  If this is a request for allowable for a savely drilled or desponded to the sent of the second parts and the compliance with aul E 111.  All sections of this form must be accompanied by a tabulation of the deviation tests taken as the well is accordance with AULE 111.  All sections of this form aust be filed out compliately for allowable on a savely drilled out compliately for allowable and recompleted wells.				
AXI Apache D 5 Ballard Pictured Cliffs Store, Federal or Fee Indian Jic.Cont.  Joseph Feet From The Line and 990 Feet From The West  Line of Section 19 Township 24N Range 4W NMPM, Rio Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cities or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Cory Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Cry Gas Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, NM 87499  If well produces oil or liquide, Unit Sec. Twp. Rage. Is gas actually connected? After the information given is true and complete to the best of vice continued that the rules and regulations of the Oil Conservation Division have completed with and that the rules and regulations of the Oil Conservation Division have completed with and that the rules and regulations of the Oil Conservation Division by a knowledge and belief.  OIE. CONSERVATION DIVISION  APPROVED  This form is to be filled in compliance with aul. 2 1104.  If this is a request for allowable for a newly drilled or desponded 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 succomplistely for allowable on new and recomplisted wells.	I. DESCRIPTION OF WELL AND LEASE	- Farmer - I Vied at Land		
Unit Letter F : 2310 Feet From The NOTTH Line and 990 Feet From The West  Line of Section 19 Township 24N Range 4W NMPM. Rig Arriba County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company P.O. Box 990, Farmington, NM 87499  If well produces oil or liquide, Unit Sec. Twp. Rge. Is gas actually connected? When yes location of tents.  OTE: Complete Parts IV and V on reverse side if necessary.  II. CERTIFICATE OF COMPLIANCE  Or complete With and that the information given is true and complete to the best of vinowicege and belief.  ODE: Suppless Parts IV and V on reverse side if necessary.  II. CERTIFICATE OF COMPLIANCE  OTE: Suppless Parts IV and V on reverse side if necessary.  II. CERTIFICATE OF COMPLIANCE  OTE: Suppless Parts IV and V on reverse side if necessary.  II. CERTIFICATE OF COMPLIANCE  OTE: Suppless Parts IV and V on reverse side if necessary.  II. Lie is a request for elievable for a savely drilled or despended with and that the information given is true and complete to the best of vinowicege and belief.  This form is to be filled in compliance with Aul E 1104.  APPROVED  APPROVED  TITLE SUPPLY IS 1011.  All is sections of this form must be filled out completely for allowable on new and recompleted wells.				
Unit Letter F : 2310   Feet From The   NOTTH   Line and   990   Feet From The   West    Line of Section   19   Township   24N   Range   4W   NMPM,   Rio Arriba   County    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Name of Authorized Transporter of Cili   or Condensate   Address (Give address to which approved copy of this form is to be sent)    Value of Authorized Transporter of Casinghead Gas   or Ory Gas   Address (Give address to which approved copy of this form is to be sent)    El Paso Natural Gas Company   P.O. Box 990, Farmington, NM 87499    If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   when    It is production is communified with that from any other lease or pool, give commingling order number:  OTE: Complete Parts IV and V on reverse side if necessary.  I. CERTIFICATE OF COMPLIANCE   OIL CONSERVATION DIVISION    APPROVED   APPROVED   This form is to be filled in compliance with Aul E 1104.    This form is to be filled in compliance with Aul E 1104.    If this is a request for allowable for a savely drilled or desponed well, this form must be accompanied by a tabulation of the deviation (rest) taken on the well is accordance with Aul E 111.    All sections of this form smust be filled out completely for allowable on new and recompleted wells.		ctured Cliffs   Sides, redetal or red Indian   Jic.Cont		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  FI Paso Natural Gas Company  I well produces all or liquids.  Five location of tanks.  Unit Sec. Twp. Rgs.  I gas actually connected? When  Yes  This production is commingled with that from any other lesse or pool, give commingling order number:  OTE: Complete Parts IV and V on reverse side if necessary.  I. CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION  APPROVED  APPROVED  TITLE  SUF ENVISION  If this is a request for silowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well is accordance with RULE 111.  All sections of this form must be filled out completely for silowable on new and recompleted wells.	Location			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cali or Condensate 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)	Unit Letter F : 2310 Feet From The north	Line and 990 Feet From The West		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cali or Condensate 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 Cli or Condensate Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  I well produces oil or liquide.  Unit Sec. Twp. Rqc. Is gas actually connected? when yes of this form my other lease or pool. give commingling order number:  OTE: Complete Parts IV and V on reverse side if necessary.  I. CERTIFICATE OF COMPLIANCE  Interest certify that the rules and regulations of the Oil Conservation Division have a knowledge and belief.  Robert L. Bayles's (Manawa)  Operator  (Title)  Operator  (Title)	Line of Section 19 Township 24N Range	4W NMPM, Rio Arriba County		
Title  Sufficient  This form is to be filled in compliance with aulg 1104.  (Title)  This sections of this form must be accompanied by a tabulation of the deviation of the deviation on new and recompleted wells.  All sections of this form must be filled out completely for allowable on new and recompleted wells.	El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87499		
I. CERTIFICATE OF COMPLIANCE  Determined with and that the rules and regulations of the Oil Conservation Division have ten complied with and that the information given is true and complete to the best of with knowledge and belief.  Robert L. Bayless (Minerwe)  Operator  Operator  (Title)  One 100 100 100 100 100 100 100 100 100 10	give location of tanks.	yes		
I. CERTIFICATE OF COMPLIANCE  Determined with and that the rules and regulations of the Oil Conservation Division have ten complied with and that the information given is true and complete to the best of with knowledge and belief.  Robert L. Bayless (Minerwe)  Operator  Operator  (Title)  One 100 100 100 100 100 100 100 100 100 10	this production is commingled with that from any other lease or po-	ol, give commingling order number:		
TITLE  SUFERVISION LI  This form is to be filled in compliance with Aulg 1104.  If this is a request for sliowable 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 Aulg 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.	NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or despended 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.		.		
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Operator  (Title)  All sections of this form must be filled out completely for silowable on new and recompleted wells.	Robert L. Bayles's Arthury	This form is to be flied in compliance with AULE 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		
able on new and recompleted wells.	Operator			
12/22/88 Fill out only Sections I. II. III, and VI for changes of owner.	(Title)			
	12/22/88	Fill out only Sections I. II. III, and VI for changes of owner.		

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

IV. COMPLETION DATA				
Designate Type of Complet	ion - (X)	veil New Weil Workover D	eepen Plug Back Same Res'v. Diff. Res'v	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.8.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations	.1		Depth Casing Shoe	
	TUBING, CASING	, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
·	<u> </u>			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must able for t	t be after recovery of total volume of his depth or be for full 24 hows)	load all and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)	
Length of Teet	Tubing Pressure	Casing Pressure	Choze Size	
Actual Prod. During Teet	Oll-8bis.	Weter - Bbls.	Gas - MCF	
GAS WELL	· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Teel-MCF/D	Length of Test	Bbis. Condensate/AMCF	Gravity of Condensate	
Teeting Method (pulat, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure ( Shut-in )	Choke fize	