Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Operator

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION
TO TRANSPORT OIL AND NATURAL GAS	
	Well API No.

Robert L. Bayles	ss							30-045-05715			
Address P.O. Roy 168 F	arminat:	an MM	0710	10			_ <del>_</del>				
P.O. Box 168, Fa		on, NM	8749	9	Oth	et (Please era)	ain)	<del> </del>	<del></del>		
lew Well		Other (Please explain)  Change in Transporter of:					um,				
ecompletion	Oil		Dry Ga		NO	TE: Dry	hole -	No trans	porter		
hange in Operator $X(2/1/8)$	9) Casinghe	ad Gas	Conden	sate 🗌							
change of operator give name  1 address of previous operator	O.T.H.	., Inc	., P.	0. Box	312, Ot	is, KS	67565				
DESCRIPTION OF WELL	L AND LE	CASE									
ease Name		Well No.	Pool Na	ame, Includ	ing Formation		1	of Lease	L	ease No.	
Navajo Tribal "U	<u>'''</u>		<u> T</u>	<u>ocito</u>	Dome Pen	n. "D"	State	Federal or Fee	14-20	-603-50	
ocation								Navajo			
Unit LetterO	:	60	_ Feet Fn	om The S	outh Lin	e and19	80 F	eet From The	east	Line	
Section 21 Towns	hip 26	N	Range	18W	, N	мРМ,	San J	uan		County	
I. DESIGNATION OF TRA	NSPORTI	ER OF O	II. ANI	D NATT	DAL GAS						
ame of Authorized Transporter of Oil		or Conde				e address to w	hich approve	l copy of this form	1 is to be se	nt)	
ame of Authorized Transporter of Casi	nghead Gas		or Dry	Gas [	Address (Giv	a address to wi	hick communic	l copy of this form			
· · · · · · · · · · · · · · · · · · ·					744446		ach approve.	t copy of this form	I IS ID DE SE	nu)	
well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	When	1 ?			
this production is commingled with tha	t from any ot	her lease or	pool, giv	e comming	ling order numb	per:		<del></del>			
V. COMPLETION DATA	<del></del>										
Designate Type of Completion	n - (X)	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
ate Spudded	Date Con	ipi. Ready to	Prod.		Total Depth		L	P.B.T.D.		1	
(0.5. 0.40. 0.5. 0.0		·									
evations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforstions					1			Depth Casing S	hoe		
		TIDDIC	0.00			<u> </u>		<u> </u>			
HOLE SIZE	TUBING, CASING AND				-			·			
HOLE SIZE	CASING & TUBING SIZE		-DEPTH SET			SACKS CEMENT					
	<b>-</b>		<del></del>					<del> </del>			
		*****				City	•	<del> </del>			
						1	·				
TEST DATA AND REQUE											
IL WELL (Test must be after			of load o	il and musi	be equal to or	exceed top allo	wable for the	s depih or be for	full 24 hour	5.)	
the Link Life A. Oll Kill 10 Tally	Date of Test			Producing Me	thod (Flow, pu	mp, gas tyt, i	uc.)				
ength of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
I D. A. D	<del></del>							IC MCF			
ctual Prod. During Test	Oil - Bbls	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL					1		<del></del>	<u> </u>			
ctual Prod. Test - MCF/D	Length of Test			<del></del>	Bbls. Condensate/MMCF			Gravity of Condensate			
	- <del> </del>							i i			
sting Method (pitot, back pr.)	lubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	CATE OF	COMF	LIAN	CE							
I hereby certify that the rules and regu	lations of the	Oil Conser	vation		C	DIL CON	ISERV.	ATION DI	VISIO	N	
Division have been complied with and is true and complete to the best of my			en above					APR 20	1000		
while we are observed the	MOWIEURE 1	N DELIGIT	/		Date	<b>Approve</b>	b	HEK AU	1303	<del></del>	
	^\ <u>/</u> ~	US-,			_		3	N) Ch	and the		
Signature I Paral					By			•	3	0 # =	
Robert L. Bayles:	S	<b>√</b> 0pe	rator Tille	<u> </u>			OUPER	VISION DI	STRICT	T#3	
4/19/89		505/326		)	Title_			· · · · · · · · · · · · · · · · · · ·			
Date			phone No		}						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.