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 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.	-	TO TRA	NSI	PORT OI	L AND NA	١T١	URAL G	AS				
perator									ell AP. No.			
Robert L. Bayless						30-045-05784						
P.O. Box 168,	Formingto	m MM	0.7	400								
Reason(s) for Filing (Check proper bo		on, Nu	01	499		her	(Please expl	ain1				
New Well	•	Change in	Trans	porter of:		IICI	(r rease exp	ain)				
Recompletion	Oil		Dry (
	89) Casinghead	d Gas 🔲	Cond	lensate								
If change of operator give name and address or previous operator	O.T.H.G.,	Inc.,	Р.	0. Box	312. Oti	s	. KS 6	7565				
II. DESCRIPTION OF WEL							<u></u>				······································	
Lease Name	Name, Includ	ling Formation				of Lease						
Navajo Tribal "U" 4				Tocito Dome Penn. "D"					e, Federal or Fee 14-20-603-503		æ≌ No. 1-603-503/	
Location				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			**********		Navajo)		
Unit LetterB	: 66	50	. Fea :	From The	north Li)e a	nd19	80F	eet From The	east	Line	
Section 21 Town	3	6 NI	_	1.011								
Section 21 Town	isnip Z	6N	Rang	e 18W	N	IMI	PM,	San	Juan		County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oi	1 (X)	or Conden		L	Address (Gi	we a	address to w	hich approve	d copy of this	form is to be s	eni)	
Permian									ton, TX 77251-1183			
Name of Authorized Transporter of Ca	singhead Gas		or Dr	y Gas	Address (Gi	we a	address to wi	hich approve	d copy of this	form is to be s	eni)	
If well produces oil or liquids,	l Dair I	Unit Sec. Twp. A 20 26N 1			ge. Is gas actually connected?							
give location of tanks.	l A l							Whe	When ?			
If this production is commingled with the	nat from any other		pool, g	ive comming	ling order nur	ber	r:			····-		
IV. COMPLETION DATA							· ———					
Designate Type of Completion	on - (X)	Oil Well	<u> </u>	Gas Well	New Well	1	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			<u></u>	1		
•		ready to							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
Description									1			
Perforations									Depth Casir	ig Shoe		
		UDDIC	CAS	INC AND	CEL CELE							
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE						D		S10//0 05/15/17		
		OXSING & TOBING SIZE				DEPTH SET				SACKS CEMENT		
									-			
V. TEST DATA AND REQU	FST FOR A	HOWA	DIE		<u> </u>							
					he equal to a		reed ton alla	umble for the	ie danth or he	for 6.11.24 how	1	
Date First New Oil Run To Tank		ust be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)										
											i wa maga ja	
Length of Test	Tubing Pres	Tubing Pressure							Choke Size		1	
Actual Prod. During Test	Oil Bhia	Oil - Bbls.				Water - Bbis.						
rance row builty ran	Oil - Bois.										3.74	
GAS WELL	1			· · · · · · · · · · · · · · · · · · · 	L				.1		J	
Actual Prod. Test - MCF/D	Length of T	est			Bble Cond-		ANICE		Tol.	1222:21	S 7	
	washi or seer					Bbls. Condensate/MMCF				Gravity of Condensate		
osting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMP	LIA	NCE							J	
I hereby certify that the rules and re-	zulations of the C	Dil Conserv	/ation			ار	L CON	SERV	ATION	DIVISIO	N	
Division have been complied with a is true and complete to the best of m	nd that the informity knowledge and	nation give 1 belief.	n abov	/e								
Mark	2 .				Date	A	Approved	t	APR 03	1989		
10175						- 1003						
Signature Pohomt I Double					∥ By_			كـــــ		and .		
Robert L. Bayle	ess		rato Tide	or				SUPERV	ision d	O ISTOTAM	# 2	
4/3/89	50	05/326		59	Title					rn-viol.	# 8	
Date			hone l		11							

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.