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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	!	OTHA	NSP	OH! OIL	AND NA	TURAL GA		A BUND				
Operator Pohort I Bayloss							Well API No.					
Robert L. Bayless						<del></del>	30-045-05806					
P.O. Box 168, Farm	nington	им	8740	٥								
Reason(s) for Filing (Check proper bax)	IIII COII	, 1111	0777	<u></u>	Oth	er (Please expla	in)					
New Well	(	Change in	Тпадаро	rter of:		•	•					
Recompletion	Oil		Dry Ga	. 🗆								
Change in Operator $\mathbb{X}(2/1/89)$	Casinghead	Cas 🗌	Conden	31621								
If change of operator give name and address of previous operator 0. T	.H.G	Inc	P.O.	Box 3	12, Otis	. KS 67	565					
II. DESCRIPTION OF WELL			<b>.</b>		·		1		<del></del>			
Lease Name Navaio Tribal "II"	Cu			of Lease No. Federal or Fee 14-20 602 502								
Navajo Tribal "U"	Miss.			Navajo 14-20-603-5034								
Unit Letter M	:	<u> </u>	Feet Fr	om The	South Lin	e and	<u>/</u> F	eet From The	west	Line		
Section 16 Township 26N Range 18W , NMPM, San Juan										Соцяту		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil	$\square$	or Conden	sale		Address (Give address to which approved copy of this form is to be sent)							
	Permian						P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casing	Gat	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	Sec.	Twp.	Ros	is gas actuali	v connected?	Whe	2					
give location of tanks.	Unit       A	20	26N	•	gas accused	y commence.	1	• .				
If this production is commingled with that f					ing order num	ber:		<del> </del>				
IV. COMPLETION DATA	•	•		•	•				·			
D 1		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back   S	sme Res'v	Diff Res'v		
Designate Type of Completion -		<u> </u>	L_		<u> </u>	<u> </u>		_1,1_		1		
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.				
					Top Oil/Gas	Dau				<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Tubing Depth							
Perforations					[			Depth Casing	Shoe			
· -												
TUBING, CASING AND					CEMENT	NG RECOR	2					
HOLE SIZE CASING & TUBING SIZE						DEPTH BET		SA	CKS CEME	NT		
	<u> </u>					U	·- +000	and the second				
					APR1 2 1989			!				
V TECT DATA AND DECLIES	TEODA	CL AWA	DIE		<u> </u>		V8.1 1					
V. TEST DATA AND REQUES OIL WELL (Test must be after re				all and muse	ha aqual to an	OIL	<b>الم. ال</b> الأثر المحمد والمحدد	il V	6.11.24 km	1		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oj ioda c	ou ana musi	Producing Me	ethod (Flow, pla	no rai liti.	elc.)	JWI 24 NOW	3)		
				,								
Length of Test	Tubing Pressure					ire		Choke Size				
Actual Prod. During Test	al Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
	<u> </u>				<u> </u>			<u></u>				
GAS WELL					•							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
		779	•	<del>,</del>								
Testing Method (pitot, back pr.)	Tubing Pres	enus (20nt	- <b>m</b> )		Casing Press	nue (Sunt-in)		Choke Size				
	<u> </u>				\r		<del></del>	L	·	<del> </del>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE							CEDV	ATION D	MEIC	N.I		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete teachs first of my knowledge and belief.					APPR 198 1989 4-12-89							
and and consequently see of my anomalyse absorber					Date Approved							
- M. 0756.						Bank) Che						
Signature						Ву						
Robert L. Bayless Operator						SUBHWISTON DISTRICT #3						
Printed Name Title 4/3/89 505/326-2659							<del></del>					
4/3/89 Date	. 50		phone N		1			-	· ·			
		166	hwas t	~.	<u> </u>							

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.