Submit 5 Conies Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Robert L. Bayless 30-045-05809 Address P.O. Box 168, Farmington, NM 87499

Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas X(2/1/89) Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator O.T.H.G., Inc., P.O. Box 312, Otis, KS 67565 DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Navajo Tribal "N" State, Federal or Fee Undes. Organ Rock 14-20-603-5035 Navajo Location 790 M Unit Letter ___ Feet From The <u>south</u> Line and <u>790</u> west _ Feet From The _ 17 Township 26N Range 18W , NMPM, San Juan County III. 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) \mathbf{X} Permian P.O. Box 1183, Houston, TX 77251-1183 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks 20 | 26N | 18W Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Diff Resy Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbis. Oil - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _____APR 12 1989 1) OL By_

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

Printed Name

Date

4/3/89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Operator

505/326-2659

Title

Telephone No.

- 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.

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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSP	ORT O	IL AND NA	TURAL	GAS	•			
Operator Robert L. Bayless							Well API No.				
Address	L. Dayress					<u></u>	30-045-05809				
P.O. Box 168, Fa	armingto	n NM	8749	0							
Reason(s) for Filing (Check proper box)	11, 1411	0749	9		her (Please ex	-1-:-1	·			
New Well		Change in	а Тгаларс	orter of:		ici (i isms st	ршин				
Recompletion	Oil		Dry Ga		Ef	fective	4/1/89				
Change in Operator	Casingher	ad Gas 🛚	Conder	nsate 🗌			, ,				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELI	ANDIE	4.65					***				
Lease Name	L AND LE		Dool M	ama India	4: 			· · · · · · · · · · · · · · · · · · ·			
Navaio Tribal "N	Well No. Pool Name, Inch				1			id of Lease Ie, Federal or Fe		Lease No.	
Location	<u>.l</u>	Tocito Dome Penn. "D"					Navajo				
Unit LetterM	:	790	Feet Fr	non The S	outh Lin		790				
			_ 1 0 1 1 1	OII 1116		e and		Feet From The	west	Line	
Section 17 Towns	hip 26	5N	Range	18	W N	МРМ,	San	Juan		County	
III. DESIGNATION OF TRA	NCDODTE	D OF O	77 A B !!	TO 314 000	· · · · · · · · · · · · · · · · · · ·						
Name of Authorized Transporter of Oil		or Condet	IL AN	DNATU	Address (Giv	u address to					
Meridian Oil Trading					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499-4289						
Name of Authorized Transporter of Casi	horized Transporter of Casinghead Gas X or Dry Gas				Address (Giv	e address to v	vhich approv	ad copy of this	d copy of this form is to be sent!		
	Robert L. Bayless				P.O. Box 168, Farmi			ngton, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuali	y connected?	Wh	en ?	·		
f this production is commingled with the	A	20	26N	18W	У.	es					
V. COMPLETION DATA	a nom any our	er lease or	pool, giv	e comming	ling order numb	ber:					
		Oil Well		ias Well	New Well	Workover	B	1 5 5			
Designate Type of Completion		i	i		I wew well	i morkover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	!		
Elevations (DF, RKB, RT, GR, etc.)	Name of Burkey				7.012			_			
ativation (DI , KRD, KI, OR, EIC.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations									Depth Casing Shoe		
								Depun Casing	g Shoe		
	T	UBING,	CASIN	IG AND	CEMENTIN	NG RECOR	RD	!			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT		
											
											
											
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			····					
IL WELL (Test must be after t	recovery of lot	al volume d	of load oi	l and must	be equal to or i	exceed top all	owable for th	is death or he fo	or 6.11 24 hour	1	
Date First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pu	ump, gas lýt,	eic.)	- jail 14 how		
ength of Test											
Augus of Tea	Tubing Pressure				Casing Pressure			Choke Size	i da e		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
								UAS- MICE			
GAS WELL		 -			L				1050	- //// /	
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF		Complete of Co	<u> </u>		
							•	Gravity of C	Section Continues		
sting Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFIC	ATE OF	COMPI	LIANO	CE				-1			
I hereby certify that the rules and regul	ations of the C	il Conserv	ation		0	IL CON	ISERV	ATION [DIVISIO	N	
Division have been complied with and is true and complete to the best of my !	that the inform	nation gives	above								
and the second of the second o	mowledge and	Deller.	_		Date /	Approve	d	APR (3	1339		
101	7/5	$a \subset$	-			,,	7	. \//	1	· · · · · · · · · · · · · · · · · · ·	
Signature	- January	1		j	By						
Robert L. Bayless			ator				SUPPLA	Ti logot	TOSTOR.	# 3	
· · · · · · · · · · · · · · · · · · ·	5.0	1 -5/326	Tille - 2650	ļ	Title_					, •	
Date			hone No.		1						

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