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, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u>T</u>	O TRAN	SPORT OI	L AND NA	ATURAL G	AS					
Robert L. Bayless					Well A.P. No.				0.4.5.0.5.0.5.0		
Address							30-045-05876				
P.O. Box 168, 1		n, NM	87499								
Reason(s) for Filing (Check proper box				Ot	her (Please expl	ain)					
New Well		Change in Tr							!		
Recompletion	Oil 19) Casinghead		ry Gas L								
If change of operator give name								·			
and address of previous operator			Р.О. Вох	312, Ot:	ls, KS 6	7565	····				
II. DESCRIPTION OF WEL											
Lease Name Well No. Pool Name, Include Navajo Tribal "N" 4 Tocito							of Lease Federal or Fe	1	Lease No.		
Location	Dome Penn. "D" State,			Navajo	114-20	-603-5035					
Unit LetterA	. 66	0 =	eet From The	north 11	ne and 66	50 E.	-	east	• := .		
10						r	zi Fioni The		Line		
Section 18 Towns	ship 26	6N R	enge 18W		IMPM,	San .	Juan		County		
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS	<u> </u>						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Permian	Permian				Box 118	3, Hous	on, TX 77251-1183				
Name of Authorized Transporter of Cas	Dry Gas	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	Unit :	Unit Sec. Twp. Rgs			is gas actually connected? When			7			
pive location of tanks.	A	20] :	26N 18W								
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or poo	d, give comming	ling order nun	nber:						
IV. COMB LETTON DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Blue Deak	Icana Barba	born .		
Designate Type of Completio		İ	i	1		i pæben	i riug back	Same Res'v	Diff Resiv		
Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay						
							Tubing Depth				
Perforations							Depth Casing Shoe				
	779	IDDIG G					<u> </u>				
HOLE SIZE	TUBING, CASING AND E SIZE CASING & TUBING SIZE			DEPTH SET				24040 054547			
	UNG	CASING & TUBING SIZE			DEF IN SET			SACKS CEMENT			
. TEST DATA AND REQUI	EST FOR AL	LOWAB	LE	l			L				
OIL WELL (Test must be after				be equal to o	r exceed top allo	wable for thi	depth or be	for full 24 hou	rs)		
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tuhing Press			Casing Press	1100	·····	Choke Size				
	ruolug ticas	Tubing Pressure			Casing Freedite			1000			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
				L			<u> </u>	<u>) </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	: 41		Bbls. Conde	DEALE/MIMCF		Gravity of C	ondensate	•		
esting Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					,						
L OPERATOR CERTIFIC	CATE OF (COMPLI	ANCE				.l		· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and reg	ulations of the O	il Conservati	on	(OIL CON	ISERV	ATION	DIVISIC	N		
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 03 1989							
72	オラ	3	~	Date	3 Approve	d	HER GO	1303			
1-1	<u> </u>	The .		_		3.1		and the same			
Signature Robert L. Bayle	99	Opera	tor	∥ By_				<u> </u>	4 7		
Printed Name 4/3/89	<u> </u>	<u>Opera</u> Tit		Title		auramy1	id note.	STRICT	μä		
4/3/89 Date	50	05/326-2		ll me		***************************************					

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.