Submit 5 Copies
Appropriate District Office
DISTRICT |
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 Brizzos Rd., Aziec, NM 87410

I.					BLE AND AUTHORIZA . AND NATURAL GAS					
Operator Robert L. Bayles						Well A.F. No. 30-045-20914				
Address P.O. Box 168, Fa Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator X (2/1/89)	Oil	Change in	Transporter	r of:	Other (Please explain)					
If change of operator give name and address of previous operator 0.	T.H.G.	. Inc.	P.O.	Box 3	312, Otis, KS 675	6.5				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi Navajo Tribal "N" 12 Tocito I					ng Formation Dome Penn. "D"	1 2 2 1 2 2 1				
Unit LetterI		80	_ Feet From	The	south Line and 580	Fe	Navajo et From The	east	Line	
Section 17 Townshi		26N	Range	18W	, NMPM,	San .	Juan		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Permian					RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Тw р. 26N	Rge. 18W		When	?			
f this production is commingled with that V. COMPLETION DATA	from any ou	····		ommingl	ng order number:					
Designate Type of Completion		Oil Well	i	Well	<u> </u>	Dixepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		pi. Ready to			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 S	ihoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after r.				nd must	be equal to or exceed top allowab	Je for this	denth or he for	6.11.24 have		
Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hows) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbia.	Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D	11					1				
	Length of Test				Bbls. Condensate/MMCF	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and it is true and complete to the best of my is	ations of the	Oil Conser	vation	E	OIL CONSI	•	ATION DI	VISIOI	N	
Robert L. Bayles Printed Name 4/3/89 Date		05/326	rator Title -2659		By & Sur	YZATI	Z MASI	RICT#	3	

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.