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

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 Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	1	TO TRA	ANS	SPORT OF	L AND NA	TURAL	GAS	.					
Operator Debout T. De 1		Well AP. No.											
Robert L. Bayless								30-045-21358					
P.O. Box 168, Fa	rmingto	n. NM	8	7499									
Reason(s) for Filing (Check proper box)					Ou	ner (Please ex	rplain)		··				
New Well		Change in		asporter of:									
Recompletion	Oil) Casinghand			Gas U									
If change of operator give name					·								
and address of previous operatorO.	T.H.G.,	Inc.,	<u> P</u>	.O. Box	312, Oti	s, KS	<u>67565</u>				 		
II. DESCRIPTION OF WELL				····									
Lease Name Navajo Tribal "U"	North Co. 1 1 Harth				- [of Lease		Lease No.		
Navajo Tribal "U" 16 Tocito					Dome Penn. "D" Stat				Federal or Fe	114 20	-603-5034		
Unit LetterC	, 76	0	Fee	From The	north	20	040	.		_			
				trioun the		e and		re	et From The		Line		
Section 16 Townshi	p 2	6N	Ran	ge 18W	N	мрм,	Sa	ın .	luan		County		
III. DESIGNATION OF TRAN	SPORTE	OF O	I T	ND NATTI	DAT CAS								
Name of Authorized Transporter of Oil	Address (Gi	Address (Give address to which approved copy of this form is to be sent)											
Permian						on, TX 77251-1183							
Name of Authorized Transporter of Casin	Dry Gas	Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids,	Ree	Is gas actually connected? When ?											
If well produces oil or liquids, Unit Sec. Twp. Rge. 1s give location of tanks. A 20 26N 18W													
If this production is commingled with that	from any othe	r lease or	pool,	give comming	ling order num	ber:							
IV. COMPLETION DATA		1200.00			1								
Designate Type of Completion	- (X)	Oil Well 	ł	Gas Well	New Well	Workover	Dœp	×a	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			L	Total Depth	1			P.B.T.D.	<u> </u>			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation													
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay				Tubing Depth								
Perforations										Depth Casing Shoe			
										ig Silve			
	CEMENTING RECORD				<u></u>								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
V TECT DATA AND DECLIS													
V. TEST DATA AND REQUES OIL WELL Test must be after re					.	•							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	u voiume e) 10a	a ou ana musi	Producing M	thod (Flow.	Howable fo	r this	depth or be j	for full 24 hou	rs)		
					7,								
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF				
- July 2013.									SE MEI				
GAS WELL					L				<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
					i,				· ·				
esting Method (pitot, back pr) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	CO) (D)	7 7 4	NOE	 								
I hereby certify that the rules and regula					(DIL CO	NSE F	₹V <i>A</i>	TION	DIVISIO	N		
Division have been complied with and that the information given above										3.7.0.0	/·· •		
is true and complete to the best of my k	nowledge and	belief.			Date	Approve	ed	Δ	PR 03 1	രമ			
W/1/2 ~						4 F		* (. .				
Signature							<u> </u>	, , ,	<u> </u>				
Robert L. Bayless	3	0pe		or				.59 -					
4/3/89	50	5/326-	Tille -26	59	Title.	 		1 .			· ʊ		
Date		Telep											

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.