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

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

Santa Fe, New Mexico 87504-2088

I.	HEQ	UEST F	OR A	ALLOWA	BLE AND	AUTHOR	NCITAZII				
Operator		IO IN	NOF	OHIO	IL AND NA	TURAL C		AP: No.			
Robert L. Bayless							, wei	30-045-21368			
P.O. Box 168,	Formings	on NM	0.7								
Reason(s) for Filing (Check proper bo	raimingte	on, Mri	87	499		her (Please exp	Jain1				
New Well		Change in	Transp	porter of:		nor (i recese exp	nain)				
Recompletion [37]	Oil		Dry C								
Change is Operator X (2/1/ If change of operator give name	89) Casingher	id Gaa	Conde	ensate	- MI						
and address of previous operator	O.T.H.G.	Inc.	P.0	O. Box	312, Ot:	s KS 6	57565				
II. DESCRIPTION OF WEL	L AND LE	ASE									
Lease Name Well No. Pool Name, Incl					_		Kind	of Lease No.			
Navajo Tribal "U" 17]	Tocito Dome Penn. "D" State,					114-20	<u>-603-5</u> 03	
Unit Letter A	. 6	60			north.	0	1.0	Navaj			
Oill Delle?	: <u>_</u>		. Feel F	rom The	north L	e and	10 r	eet From The	<u>east</u>	Line	
Section 22 Town	uship 2	26N	Range	18W	<u> </u>	мрм,	San	Juan		Соилту	
III. DESIGNATION OF TR	ANSPADTE	D OF O		IFA MIATE	mar can						
Name of Authorized Transporter of Oi		or Conden		U NAIL		ve address so w	hich aparove	t conv of this	form is to be a		
Permian					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 Ca	singhead Gas		or Dry	Gas	Address (Gi	re address to w	hich approve	copy of this	form is to be s	eni)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Pas	le coe e const				· · · · · · · · · · · · · · · · · · ·		
give location of tanks.	ia_i	A 20 26N 18W			Is gas actually connected? When			. 7			
f this production is commingled with the	sat from any oth	er leane or p	pool, gi	ve comming	ling order nur	ber:				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA		100.00			-,						
Designate Type of Completic	on - (X)	Oil Well	- 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	J		
Elevations (DF, RKB, RT, GR, etc.)	No C.D.			···	TT: 80.5						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					<u> </u>			Depth Casir	ng Shoe		
									·g oriot		
TUBING, HOLE SIZE CASING & TI			CASING AND		CEMENTI	CEMENTING RECORD					
NOCE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					 			 			
								 			
. TEST DATA AND REQU	EST FOR A	LLOWA	DIE								
				oil and muss	he equal to or	arcard ton all	anna bla den akt				
Date First New Oil Run To Tank Date of Test					st be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					'5) ——	
4.7.							P . P		·		
ength of Test	Tubing Pres	sure			Casing Press.	re	1	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.		- 	Gas- MCF			
						; 1 a					
GAS WELL					•		** \$ 9			J	
Actual Prod. Test - MCF/D	CF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitor, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			الله الأولى الله الأولى الله الله الله الله الله الله الله ال		
coding initiation (paint, asce pr.)	ruotag Fres								Choke Size		
/I. OPERATOR CERTIFI	CATE OF	COMPI	TAN	ICE							
I hereby certify that the rules and res	rulations of the (Dil Conserv	ation			DIL CON	ISEFIV	ATION I	DIVISIO	N	
Division have been complied with an	d that the inform	nation give	above		'					•	
is true and complete to the best of my knowledge and belief.					Date	Approve	dA	PR 03 7	989		
								_1			
Signature Polyant I P. 1	/				By_		. الارتهامات	الم الآنية الم	Wier#		
Robert L. Bayle Proted Name	SS		cato: Tide	<u>r</u>		S	UP LIN / T	Efficience	Ciner #	3	
4/3/89	5(05/326-		9	Title				- "	· 	
Date			hone N								

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.