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, Artenia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZAT ON

l.		O IHAI	1250HI OI	L AND NA	NUHALGA	AS				
Operator Robert I Rayl	3.6.6					Well	AP! No.	01/76		
Robert L. Bayless					39-045-21476					
P.O. Box 168,	Farmingto	n, NM	87499							
Reason(s) for Filing (Check proper box)			Ou	ner (Please expla	2 <i>i</i> n)			•	
New Well			Transporter of:							
Recompletion \square Change in Operator \square (2/1/8	Oil 39) Casinghead		Ory Gas Condensate							
Change of operator give name					· · · · · · · · · · · · · · · · · · ·		··			
and address of previous operator	D.T.H.G.,	Inc.,	P.O. Box	312, Oti	s, KS 6	7565				
II. DESCRIPTION OF WEL										
Navajo Tribal "U" Well No. Pool Name, Include 24 Tocito				_			ind of Lease Lease No. 14-20-603-5034			
Location	······································	·		······································			Navajo			
Unit Letter L	:210	00	Feet From The	outh Li	se and54	0 F	et From The	west	Line	
Section 15 Town	ship 2	6N I	Range 18W		мрм,	San	Juan	·····	County_	
III. DESIGNATION OF TRA	NSPORTE	R OF OII	L AND NATU	IRAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Permian Name of Authorized Transporter of Ca	P.O. Box 1183, Fouston, TX 77251-1183									
rusms of Authorized Transporter of Ca	Address (Give address to which as proved copy of this form is to be sent)									
un longing of tanks				Is gas actually connected? When ?						
f this production is commingled with the	A [rom any other	20	26N 18W	line order sun	her			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA										
Designate Type of Completic	n - (X)	Oil Well	Gas Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		I. Ready to F	Prod.	Total Depth	<u> </u>	L	P.B.T.D.			
•							1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing					
		URING C	CASING AND	CEMENT	NG PECOP	<u> </u>	1			
HOLE SIZE		ING & TUE		CLIVILIVI	DEPTH SET			SACKS CEMENT		
				<u> </u>						
			· · · · · · · · · · · · · · · · · · ·	 			- 	· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQU				· I			<u> </u>			
OIL WELL (Test must be after Date First New Oil Run To Tank			load oil and mus					or full 24 how	rs)	
Date First New Oil Rule 10 Tame	Date of Test	Į.		Producing Mathod (Flow, pump, gcs lift, et			(c.)			
Length of Test	Tubing Pres	ಖಗ		Casing Press	uré		Choke Size			
								····		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL					OE, OT		· · · · · · · · · · · · · · · · · · ·	·····		
Actual Prod. Test - MCF/D	Length of T	est	-	Bbls. Conde	nsale/MM@F	() () () () () () () () () ()	Gravity of C	ondensate		
					် ုံးမ မေနှင့် ရေ့			,		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	CATE OF	COMPI	IANCE	1	:					
I hereby certify that the rules and re	gulations of the (Dil Conserva	tion	1 , (OIL CON	ISERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							APR 03 1299			
Max				Date	Approved	d				
	7					77	1.3 C	and the second		
Signature Robert L. Bayle		000	ator	∥ By_		SUPE			p. 35 p.	
Printed Name			ator Tille	Title		BARRIA ANAN	k zeto.		3 74° 63	
4/3/89 Date	5	05/326-	2659	Inte		·····		· 		
1 1316		T-1	ama Na	1.1						

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.