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P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 8K210	P.O. Box Santa Fe, New Mex	2088 ico 87504-2088					
DISTRICT III 1000 Koo Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZATI					
l	TO TRANSPORT OIL AND NATURAL GAS			Well API No.			
Operator P. L. H. Poyloss			30-039-23804				
Robert L. Bayles	5						
Address P.O. Box 168, Fa	rmington, NM 87499						
Remon(s) for Filing (Check proper box)		Other (Please explain)					
Change in Triansporter of:			Effective 7-1-90				
1.1.1.	Oil Dry Gui						
Change is Operator	Casinghead Gas Condensate						
if change of operator give name							
IL DESCRIPTION OF WELL A	ND LEASE	g Formation ( ) ( ) ( )	Kind of L	esse	les	se Na	
Lease Name	MSTI LOC LOCK LAND! ISSUED-A		State, Fee	ieral or Fee	Jic. C	ont 491	
Jicarilla 491	1 East Blanco	Pictured Cliffs	<u> </u>				
Location Unit Letter	. 1585 Feet From The S	outh lime and 1505	Feet	From The _	East	line	
Section 32 Township	28N Range 2W	,NMPM, Rio A	Arriba			County	
30000		DAT CAS					
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATUR	Address (Give address to which a	pproved co	py of this for	M I 10 be 164	4)	
Name of Authorized Transporter of Oil		D 0 B 150 Block	omfialo	8 MM 8	7413		
Gary Williams Energy	00177	P.O. Box 159. Bloomfield. NM 87413  or Dry Gas X Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Canaphesis Gas or Dry Cas A			armington. NM 87499				
Robert L. Bayless	Unit Sec. Twp. Rge.	is gas actually connected?	When?				
If well produces oil or liquids,	000 1000 1000 211	ves	i	7/22/	88		
give location of tanks.							
If this production is comminged with that IV. COMPLETION DATA	from any other lease or pool, give commingli			Plug Back	Came Res'V	Diff Res'v	
	Oni Well Gas Well	New Well Workover	Doepen	Plug Back	Salie ves		
Designate Type of Completion	· (X)	Total Depth	<u>_</u>	P.B.T.D.			
Date Spudded	Date Compi. Ready to Prod.						
Elevations IDF, RKB, KT, GR, etc.)	Name of Producing Formation	Formation		Tubing Depth Depth Casing Shoe			
Perforations							
	TUBING, CASING AND	CEMENTING RECORD		CANAL CENTERY			
	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TODING SIZE						
V. TEST DATA AND REQUE	ST FOR ALLOWABLE recovery of total volume of load oil and mus	i be equal to or exceed top allowi	ible for thu	depth or be	for full 24 hou	vs)	
OIL WELL (Test must be after .  Date Fire New Oil Run To Tank	Date of Test			_ •	VE	$M_{}$	
		Casing Pressure	- E	1 41 145		<b>ツ</b>	
Length of Test	Tubing Pressure	Cusing a second	(O) E				
		Wuer - Bbis.	Th.	GW-MC2	1990	. 1	
Actual Prod. During Test	Oil - Bbis.	W.201	70	DOF-	14. DI		
			^	IIL CO	-3_		
GAS WELL		Bbls. Condensate/MMCF		Gravity	Stacilius.		
Actual Prod. Test - MCF/D	Length of Test						
		Casing Pressure (Shut-in)		Choke Size	Choke Size		
Testing Method (puor, back pr.)	Tubing Pressure (Shut-in)						
VL OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CONS	SERV	ATION	DIVISI	ON	
	visions of the Chi Canalystum						
	<b>.</b>	Date ApprovedAUG 0 3 1990					
is true and complete to the best of m	knowledge and belief.	Date Approved		7VV. U	_ <del>U_IVV</del> V		
	That (				NIE BUSCL	4	
	0400	Byorigi	NAL SIGN	ED BY ER	NIE BUSCH		

Robert

6/22/90

Date

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

Ву

Title

DEPUTY OIL & GAS INSPECTOR, DIST. #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

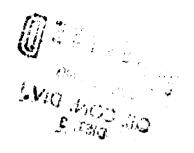
505/326-2659

Tille

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

C Must must be filed for each pool in multiply completed wells.



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