

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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JAN 3 - 1989

OIL CON. DIV.

DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Robert L. Bayless

Address P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change in Pool Name from W.C. Field</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 451</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin-Fruitland Coal</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No. <u>Jic.Cont. 451</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>south</u> Line and <u>1750</u> Feet From The <u>west</u>				
Line of Section <u>4</u> Township <u>29N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Robert L. Bayless</u>	<u>P.O. Box 168, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? <u>yes</u> When <u>4/13/87</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Kevin H. McCord
Kevin H. McCord (Signature)
Petroleum Engineer
(Title)
12/30/88
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] JAN 03 1989
BY [Signature]
SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		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 Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

J

30-039-23342

11-22-83

F. Loc. 1650/S;1750/W Elev. 7151 GL Spd. 1-29-84 Comp. _____ TD _____ PB _____
 Casing S. 9 5/8 @ 524 W 325 Sx. _____ Int. _____ @ _____ W _____ Sx. Pr. _____ @ _____ W _____ Sx. T. _____ @ _____
 Csg. Perf. _____ Prod. Stim. _____

T Gas
R
A
N
S

BO/D _____ Grav. _____ 1st Del. Gas _____
 I.P. _____ MCF/D After _____ Hrs. SICP _____ PSI After _____ Days GOR _____ 1st Del. Oil _____

TOPS		NITD X	Well Log	TEST DATA						
Ojo Alamo		C-103	Plat X	Schd.	PC	Q	PW	PD	D	Ref.No.
Kirtland		C-104	Electric Log							
Fruitland			C-122							
Pictured Cliffs		Ditr	Dfa							
Chacra		Datr	Dac							
Cliff House		NIT PB Hallup Salaland, cement retained 7/95 39-w/48 cf.								
Menefee										
Point Lookout										
Mancos										
Gallup										
Greenhorn										
Dakota										
Entrada										
			312.82 Acres							

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Basin Dak Co. RA S 4 T 29N R 3W U K Oper. Southland Royalty Co. Lse. Jicarilla 451

No. 1