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 20. Drawer DD, Anenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION T. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No Robert L. Bayless 30-039-21586 Address P.O. Box 168, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil \square Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Conoco, Inc. P.O. Box 460, Hobbs, NM 88240 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State Federal or Fee Conoco 29-4 Gobernador P.C. NM 18319 Location <u> 1485</u> Unit Letter _ 793 Feet From The West Feet From The <u>north</u> Line and ___ 20 Township 29N Range Rio Arriba , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline P.O. Box 1526, Salt Lake City, UT 84110 If well produces oil or liquids, Sec. Unit l Twp. Rge. Is gas actually connected? When? give location of tanks. ves 5/9/78 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Dill Resv Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. 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 . 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 Tank 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

VI. OPERA	TOR CERTIFICATE OF COMPLIAN	NCE
I hereby certify	by that the rules and regulations of the Oil Conservation	

Division have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.

GAS WELL Actual Prod. Test - MCF/D

Date

Testing Method (pitot, back pr.)

Sienze Robert Bay <u>Operator</u> Printed Name 326-2659

OIL CONSERVATION DIVISION

Gravity of Coodensie

JUN 01 1989 Date Approved _

 \mathcal{A} By_

SUPERVISION DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Length of Test

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Title.

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

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.