

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Robert L. Bayless	
Address P.O. Box 168; Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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DIST. 2

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 519	Well No. 1	Pool Name, including Formation Unites Gallup/Unites P.C. Unites P.C.	Kind of Lease State, Federal or Fee Indian	Lease No. Jic. Contract 519
Location Unit Letter <u>O</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1670</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>30N</u> Range <u>2W</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 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, N.M. 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>yes</u>	<u>7-29-87</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

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)
August 20, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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.	Dill. Res'v.
			X						
Date Spudded 11-18-85	Date Compl. Ready to Prod. 7-25-87	Total Depth 8703'			P.B.T.D. CIBP @ 8150'				
Elevations (DF, RKB, RT, CR, etc.) 7424' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 7280'			Tubing Depth 7499'				
Perforations 7280'-7704'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		482'		354 ft ³ , Class "B" Portl.				
8-3/4"	5-1/2"		8703'		Stage 1: 185 ft ³ Class "B"				
Ideal tailed with 752 ft ³ Class "B" Ideal Stage 2: 1298 ft ³ Class "B" Ideal									
	2-7/8"		7499'						

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 1013	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure Test	Tubing Pressure (Shut-In) 71	Casing Pressure (Shut-In) 453	Choke Size 3/4"