

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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FEB 06 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **OIL CON. DIV.**

DIST. 3

Operator Robert L. Bayless	
Address P.O. Box 168, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" 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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 458	Well No. #2	Pool Name, including Formation Wildcat PC	Kind of Lease State, Federal or Fee Indian	Lease No. Cont. 458
Location Unit Letter 0 ; 790' Feet From The South Line and 1450' Feet From The East Line of Section 7 Township 30 Range 3 , NMPM, Rio Arriba 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)
Independent Pipeline Corp.	Box 168, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
	No Approx. 03/01/87

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 26 1987

APPROVED _____, 19____
Original Signed by **FRANK T. CHAVEZ**
BY _____
TITLE _____ SUPERVISOR DISTRICT **3**

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 X	New Well X	Workover	Deepen	Plug Back	Same Resv.	Dill. Resv.
Date Spudded 12/02/87	Date Compl. Ready to Prod. 12/24/86	Total Depth 3960'			P.B.T.D. 3891' RKB				
Corrections (DF, RKB, RT, CR, etc.) 7008' GL 7021' RKB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3635'			Tubing Depth 3946' 3652			
Perforations 3635'-3649'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8"		7 5/8"		145' RKB		75sx Class B (88.5 ft ³)			
6 3/4"		4 1/2"		3946' RKB		225sx (284 ft ³)			
		1 1/2		3652					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 3221	Length of Test 3 hrs	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure Test	Tubing Pressure (Shut-in) 1011	Casing Pressure (Shut-in) 1013	Choke Size 3/4