

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

I. Operator
Robert L. Bayless
Address
P.O. BOX 168, Farmington, NM 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Jicarilla 464
Well No.
#1
Pool Name, including Formation
Wildcat PC
Kind of Lease
State, Federal or Fee Indian
Lease No.
Jic. Cont. 464
Location
Unit Letter I : 1800' Feet From The South Line and 965' Feet From The East
Line of Section 30 Township 30 Range 3 NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒
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.
Unit Sec. Twp. Rge.
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
FEB 06 1987
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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10/28/86	12/01/86		4136' RKB		4017' RKB				
Corrections (DF, RKB, RT, CR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7136' GL	Pictured Cliffs		3741'		4128' - 3754'				
Perforations					Depth Casing Shoe				
3741-3826									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8"	127' RKB	48 ft ³ Class B w/3% Ca
6 3/4"	4 1/2"	4128' RKB	150ex (180ft ³)
	1 1/2	3754	

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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
3923	3 hours	-0-	-0-
Sealing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure Test	1202	1030	3/4