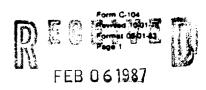
STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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LANG 0 = = = =			
TRANSPORTER	OIL		
644			
0PER470R			
PROBATION OFFICE			

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



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ī	
Operator	
Robert L. Bayless	
Address	
P.O. BOX 168, Farmington, NM 87499 Resson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	y Cars
	ndena cre
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo	Kind of Lease No.
De la lacation de lacation de la lacation de la lacation de la lacation de la lacation de lacation de la lacation de lacation de lacation de la lacation de lacation de la lacation de lacation de lacation de la lacation de lacati	
Jicarilla 45/ #1 Wildcat /	Thoran Lunit 43/
Location	1100' San Tay West
Unit Letter L : 1450 Feet From The South Line	oded 1190 Poor From the West
Line of Section 9 Township 30 Range 3	, NMPM, Rio Arriba County
Chies of Section 3 Contemp 2.0	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Cil	Andreas (Give address to which approved copy of this form is to be sent)
	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Cas or Dry Gas &) 1
Independent Pipeline Corp.	Box 168, Farmington, NM 87499
If well produces all or liquids, Unit Sec. Twp. Rgs.	00 (01 (07
give location of tanks.	
f this production is commingled with that from any other lease or pool,	give comminging order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
	OIL CONSERVATION DIVISION
Л. CERTIFICATE OF COMPLIANCE	APPROVED FEB 16 1987
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
seen complied with and that the information given is true and complete to the best of	Original Signed by FRANK T. CHAVEZ
ny knowledge and belief.	SUPERVISOR DISTRICT # 3
	TITLE
	This form is to be filed in compliance with RULE 1184.
1	ve able to a manual for allowable for a newly drilled or despended
(Signature)	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 allow-
(Tule)	shie on new and recompleted wells.
(Date)	Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transportes, or other such change of condition.
(Dese)	Separate Forms C-104 must be filed for each pool in multiply
	completed wells.

IV	co	MPI	FT	ION	DA	TA
	\sim				110	

Designate Type of Compl	etion - (X)	Gas Well	X X	Workgver	Deepen	Plug Back	Same Ree'v.	DUL A	04 'V.
Date Spudded	Date Compl. Ready to P		Total Depth		<u> </u>	P.B.T.D.		<u> </u>	
12/15/86	01/06/87		4045			3972	RKB		
Estations (DF. RKB, RT, GR, etc		etion	Top QU/Car	Pey		Tubing Dept			
7154' GL 7167' RK	B Pictured Cli	ffs	3708	•		4038	•••		
3108-3762						Depth Castn	eod2 p		
	TUBING, (ASING, ANI	CEMENTIN	G RECORD					
HOLE SIZE	CASING & TUBIN			DEPTH SET		SA	CKS CEMEN	7	
_9_7/8"	7 5/8"		138	RKB			lass B (37
6 3/4"	4 1/2"		4038				252 ft ³)	<u> </u>	
	1//2		374			1 -230% (—
				•					

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 Cil Run To Tanks	Dete of Teet	Producing Method (Flow, pump, sae lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Cheto Size
Amel Pred, During Test	Oil-Bhis.	Weter - Bhis.	Ges-MCF
			ļ

GAS WELL

Acuel Prod. Tool-MCF/D	Length of Teet Bhis. Condensette/NA/CF Grevity of Condensette				
384	3 hrs	-0-	-0-		
Toming Mothed (pitot, back pr.)	Tubing Proceure (Shet-in)	Casing Pressure (Shut-in)	Choke Size		
	<u> </u>		. 3/4		