

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 09-01-83
Page 1

RECEIVED
APR 7 1987
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	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ casinghead 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 456	Well No. 1	Pool Name, including Formation Wildcat Fruitland	Kind of Lease State, Federal or Fee Indian	Lease No. Cont. 456
Location Unit Letter N : 790 Feet From The South Line and 1850' Feet From The West				
Line of Section 11 Township 30N Range 3W, 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 Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Independent Pipeline Corp.	P.O. 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 04/01/87

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.

Kevin H. McLeod

(Signature)

Petroleum Engineer

(Title)

April 3, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 10 1987
Original Signed by FRANK T. CHAVEZ
BY 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.

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
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Revised 10-01-78
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Operator Robert L. Bayless		Address P.O. Box 168, Farmington, NM 87499		Reason(s) for filing (Check proper box) ☒ New Well ☐ Recombination ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Condensate ☐ Dry Gas ☐ Other (Please explain)	
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Lease Name Ticarcilla 456		Well No. 1		Pool Name, including formation Wildcat Fruitland		Kind of Lease State, Federal or Fee Indian		L.C. No. Cont. 456	
Location Unit Letter N		Feet From The South Line and 1850'		Feet From The West		Line of Section 11		Township 30N	
Range 3W		N.M.P.M.		Rio Arriba		County			

Name of Authorized Transporter of Oil or Condensate or Dry Gas		Name of Authorized Transporter of Gas or Dry Gas		Name of Authorized Transporter of Gas or Dry Gas		Name of Authorized Transporter of Gas or Dry Gas		Name of Authorized Transporter of Gas or Dry Gas	
Address (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)		Address (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)		Address (Give address to which approved copy of this form is to be sent)	
Independent Pipeline Corp.		Independent Pipeline Corp.		Independent Pipeline Corp.		Independent Pipeline Corp.		Independent Pipeline Corp.	
Unit		Unit		Unit		Unit		Unit	
Sec.		Sec.		Sec.		Sec.		Sec.	
Twp.		Twp.		Twp.		Twp.		Twp.	
Rge.		Rge.		Rge.		Rge.		Rge.	
Is gas actually connected?		Is gas actually connected?		Is gas actually connected?		Is gas actually connected?		Is gas actually connected?	
When		When		When		When		When	
04/01/87		04/01/87		04/01/87		04/01/87		04/01/87	

OIL CONSERVATION DIVISION	
APPROVED	BY
TITLE	

NOTE: Complete Parts IV and V on reverse side if necessary.
I, 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)
Kern H. McCard
(Title)
Petroleum Engineer
April 3, 1987
(Date)

This form is to be filed in compliance with RULE 1104.
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All sections of this form must be filled out completely for allow-
able on new and recompleted wells.
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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 02/04/87	Date Compl. Ready to Prod. <i>3-23-87</i> Waiting on hookup	Total Depth 4050'		P.B.T.D. 3963' RKB		CINDE 3942' RKB			
Events (DF, RKB, RT, CR, etc.) 7286 GL; 7299' RKB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3794		Tubing Depth 3787' RKB		Depth Casing Shoe			
Perforations <i>3694-3729</i>									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8"	141' RKB	60 sx (71ft) Class B
6 3/4"	4 1/2"	4010' RKB	110 sx (139ft) 50/50 pos
	<i>2 3/8</i>	<i>3787</i>	

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 382	Length of Test 3 hours	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (prod, back pr.) Back pressure test	Tubing Pressure (Shut-in) 20	Casing Pressure (Shut-in) 174	Choke Size 3/4