

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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 08-01-83
Page 1

RECEIVED
MAR 30 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
☐ 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 461	Well No. 1	Pool Name, including Formation Wildcat Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Jic. 461
Location Unit Letter <u>L</u> : <u>2025</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>30N</u> Range <u>3W</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 Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	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

I 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)

Engineer

(Title)

3/26/87

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 08 1987

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT III

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.	Diff. Res'v.
			X	X					
Date Spudded 01/26/87	Date Compl. Ready to Prod. Waiting on hookup	Total Depth 4023'		P.B.T.D. 3967 RKB					
Events (DF, RKB, RT, CR, etc.) 7215' GL; 7227' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3651		Tubing Depth 3961' RKB					
Perforations 3651-3763							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
9 7/8"	7 5/8"	142 RKB		60 sx Class B 3% CaCl					
6 3/4"	4 1/2"	4012 3840' RKB		200 sx 50/50 Pozmix					
	1 1/2	3961							

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 1055	Length of Test 3 hours	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (plug, back pr.) Back pressure test	Tubing Pressure (Shut-In) 76	Casing Pressure (Shut-In) 702	Choke Size 3/4