## STATE OF NEW MEXICO ENERGY 400 MINERALS DEPARTMENT

Engineer (Tule)

3/26/87 (Dese)

0167 91607	04	
FILE		
v. s. a .s.		
-		
TRANSPORTER	OIL	
	0.44	
0PERATOR		
PROBATION OF	48	

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

Form C-104 Revised 10-01-78 Formal 08-01-83 Page 1

MAR 3 0 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ch. Land. DIV.)

[					
Operator					
Robert L. Bayles:	5				
Address		-			
P.O. Box 168, Fa:	rmington,	NM 87499			
Reeson(s) for filing (Check proper box)			Other (Plea	se explain)	
X New Well		Transporter of:		·	
Recognistion	Oil	Dn	Gas		
Change in Ownership	Cesu	ngheed Gas 🔲 Cor	ndensate		
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	DIEASE				Lease No.
Lease Name	Well No.	Pool Name, including Fo	emation	Kind of Lease	Cont. 462
Jicarilla 462	1	Wildcat PC	/	State, Federal or Fee Indian	cont. 462
Location					
	11	- West I to	and 1190'	Foot From The South	
Unit Letter M; 108	Feet Fro	7710 1765C			
Line of Section 22 Ton		Range 3	, NMF	Rio Arriba	County
Line of Section 22 Tow	mehtp 30				
		OF AND MATTERAL	GAS	· ·	
III. DESIGNATION OF TRANSF	OKIEK OF C	ondensate	Asdress (Give address	s to which approved copy of this form	is to be sent)
Name of Authorized Transporter of Cil					
		or Dry Gas 🕅	Address (Give addres	a to which approved copy of this form	iz to be zent)
Name of Authorized Transporter of Cas		] ar 017 343 (A)	Box 168, Far		
Independent Pipeline		1900	le das activettà couve	cted? When	
If well produces all or liquids,	Unit   Sec	Twp. Rge.	1	04/01/87	ł
give location of tante.	, , , , , , , , , , , , , , , , , , ,		No		
I this production is commingled with	h that from an	y other lease or pool,	give commingling on	der number:	
NOTE: Complete Parts IV and	on reverse s	nae if necessary.	11	•	
			OIL	CONSERVATION DIVISION	_
.7. CERTIFICATE OF COMPLIA	NCE			nead 9	0.1987
hereby certify that the rules and regulation	ons of the Oil C	onservation Division have	APPROVED	WITH	19-001 PC
seen complied with and that the information	on given is true a	nd complete to the best of		Original Signed by	/ FRANK I. CHAYED
my knowledge and belief.			BY		
1		$\wedge$	TITLE	SUPERVIS	OR DISTRICT S 3
		1 1			

This form is to be filed in compliance with RULE 1164.

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 L. II. III, and VI for changes of owner, well name or number, or transportes, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

meleted wells.

	Oil Aell	Gas Well	New Well	Workover	Deepen	Plug Bock	Sense Res'v.	Ditt Ree
Designate Type of Comple	tion - (X)	X	Х	•		•	:	•
Dme Spudded	Date Compl. Ready to F	Date Compl. Ready to Prod.		Total Depth		P.B. T.D.	P.B.T.D.	
01/05/87	· ·	Waiting on hookup		4145'		4059' RKB		
Estations (DF, RKB, RT, GR, etc.	, Name of Producing Fore	Name of Producing Formation		Top OLL/Cas Pey		Tubing Depth		
7134' GL; 7147' RKB	Pictured Cliff	fs 3609'			3614' RKB			
Perferetions						Depth Casing Shoe		
<u> 3611-3700</u>	<u> </u>							
	TUBING,	CASING, AND	CEMENTIN	G RECORD				
HOLE SIZE	CASING & TUBI	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
9 7/8"	7 5/8"		1	38 RKB		<del></del>	71ft),	
6 3/4"	4 ½"		41	16' RKB		200 sx	(252ft)	50/50
						•		
. TEST DATA AND REQUES OIL WELL	T FOR ALLOWABLE (	Test must be as able for this de	pak or be for f	MT 34 YOMS)			rusi to cr eme	
See First New Cil Run To Tenks	Date of Tees		Producing Mothod (Flow, pump, gas lift, ste.)					
ength of Test	Tubing Pressure		Caning Presours		Choke Size			
musi Prod. During Teet	QU-Bale.		Weter - Bhis.		<del></del>	Gen-MCIF		
			<u> </u>			<u> </u>	<del></del>	
AC TETT								
	Longth of Tool	<del></del>	Bhia, Conde	secto/NA/CF	<del></del>	Grevity of C	padenegge	
Acust Pres. Teet-MCF/D	Length of Teet 3 hours		Bhia. Conder	ueste/Ne/CF	<del></del> .	Gravity of C	padeneme	
AS WEIL Accust Prod. Tool-MCF/D 288 Setting Method (puot, back pr.)	1	(a)			n)	1	edenego	

Back Pressure Test

12

170

Choke Size 3/4