

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
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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

APR 13 1987
OIL CONSERVATION DIVISION
SANTA FE, N.M.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 463	Well No. 1	Pool Name, including Formation Wildcat Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Jic. 463
Location				
Unit Letter E : 1850' Feet From The North Line and 790' Feet From The West				
Line of Section 25 Township 30 North Range 3 West , 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

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.

Kerin H. McNeal
(Signature)
Engineer
(Title)
4/10/87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1987
BY _____ Original Signed by FRANK J. CHAVEZ
SUPERVISOR, DISTRICT # 3

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 Reservoir	Drill New Well

Date Spudded	3/18/87	Date Complet. Ready to Prod.	3/23/87	Total Depth	4010' RKB	P.B.T.D.	3947' RKB
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Elevations (D.F., RKB, RT, CR, etc.)	7197 GL	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	3600' RKB	Tubing Depth	3638' RKB
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Perforations	3600' - 3704' RKB	Depth Casing Shoe	4009' RKB
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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9 7/8"	7 5/8"	137' RKB	60 SX CLASS B/3% CACL
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6 3/4"	4 1/2"	4009' RKB	200 SX 50/50 pozmix
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			With 2% D-79
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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			
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Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Tubing Pressure	Casing Pressure	Well - Bldg.	Gas - MCF
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GAS WELL

Actual Prod. Test - MCF/D	443	Length of Test	3 hours	Bldg. Condensate/MCF	-0-	Gravity of Condensate	-0-
Testing Method (Prod. back pr.)	Back Pressure	Tubing Pressure (Bldg-Lb)	25	Casing Pressure (Bldg-Lb)	438	Choke Size	3/4"