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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Robert L. Bayless		Well API No. 30-039-24113
Address P.O. Box 168, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Completion in new formation	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 463	Well No. 1	Pool Name, Including Formation Undesignated Ojo Alamo	Kind of Lease State, Federal or Fee	Lease No. Jic. Cont. 463
Location Indian				
Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line				
Section <u>25</u> Township <u>30N</u> Range <u>3W</u> , <u>NMPM</u> , <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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Robert L. Bayless	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? <u>yes</u> When? <u>10/11/89</u>
If this production is commingled with that from any other lease or pool, give commingling order number: _____		

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						
Date Spudded <u>5/18/87</u>	Date Compl. Ready to Prod. <u>9/20/89</u>		Total Depth <u>4010'</u>		P.B.T.D. <u>3947'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7208' RKB 7/9/87</u>	Name of Producing Formation <u>Ojo Alamo</u>		Top Oil/Gas Pay <u>3242'</u>		Tubing Depth <u>3289'</u>			
Perforations <u>3242' - 3296'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>9 7/8"</u>	<u>7 5/8"</u>		<u>137'</u>		<u>60 sx (71 ft³) Class B</u>			
<u>6 3/4"</u>	<u>4 1/2"</u>		<u>4009'</u>		<u>200 sx (412 ft³) 50/50</u>			
	<u>2 3/8"</u>		<u>3289'</u>		<u>+ 231 ft pozmix</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be after 24 hours or be for full 24 hours)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
		RECEIVED FEB 15 1990
Length of Test	Tubing Pressure	Casing Pressure
		OIL CON. DIV. DIST. 3
Actual Prod. During Test	Oil - Bbls.	Water
		RECEIVED OCT 7 1989

GAS WELL

Actual Prod. Test - MCF/D <u>no flow</u>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u>680</u>	OIL CON. DIV. DIST. 3

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Price M. Bayless
Signature
Price M. Bayless
Printed Name
10/16/89
Date
Engineer
326-2659
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1990
By Supervisor
Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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