

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 10-01-82
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ☐ 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla 459	2	Wildcat	State, Federal or Fee Indian	Jic. Cont. 459
Location				
Unit Letter E : 1650 Feet From The North Line and 790 Feet From The West				
Line of Section 20 Township 30N Range 3W, NMPM, Rio Arriba 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 Casingshead 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.	Is gas actually connected? When
	No ASAP

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.

Robert L. Bayless (Signature)

Operator

(Title)

12/15/87

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 5

This form is to be filed in compliance with RULE 1106.

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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Dill. Resv.
			X	X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
11/3/87	11/30/87			4150' KB			4098' KB		
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
7162' GL; 7174' KB	Pictured Cliffs			3743'			4144'		
Perforations							Depth Casing Shoe		
3743' - 3796' Pictured Cliffs							4144'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8"	145' KB	60 SX - 71 ft. ³
4 1/2"	6 3/4"	4144' KB	300 SX - 618 ft. ³
	1 1/2"	3767' KB	

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
3505	3 hrs.		
Testing Method (pure, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1087 psig	1087 psig	3/4"