Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	-	TO TRA	NSF	PORT	OIL	AND NAT	TURAL GA						
								Well A	Well API No.				
Robert L. Bayless									30-039-24305				
P.O. Box 168, Farmington, NM 87499													
Reason(s) for Filing (Check proper box)	III COII,	1111	0143			Othe	t (Please expla	zin)					
New Well		Change in	Trans	porter of:	_	_	•						
Recompletion	Oil Dry Gas												
Change in Operator Casinghead Gas Condensate													
If change of operator give name and address of previous operator								·	· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	AND LEA	ASE											
Lease Name	Well No. Pool Name, Includi								of Lease No.				
Jicarilla 459	8 East Bland					to rictured critis			Federal or Fee Jic.Cont. 459				
Location													
Unit Letter C	.:28	287 Feet From The north Line and 1072								Feet From The West Line			
Section 17 Township 30N Range 3W NMPM, Rio Arriba County													
Section 17 Township 30N Range 3W , NMPM, Rio Arriba County													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casinghead Gas or Dry Gas X							e address to m	hick appeared	come of this	orm is to be -	est)		
Robert L. Bayless	y,0001 U 35	لـــا	or Di	y Jas [نم	1			proved copy of this form is to be sent) mington, NM 87499				
If well produces oil or liquids,	Unit	Sec. Twp. Rgs.						en?					
give location of tanks.	i i	i		i "		yes			1/27/89				
If this production is commingled with that f	rom any oth	er lease or	pool, g	zive com	mingl	ing order numl	ber:						
IV. COMPLETION DATA								·					
Designate Type of Completion -	- (X)	Oil Well	'	Gas We	ii.	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	ol. Ready to	o Prod.			Total Depth		<u>.</u>	P.B.T.D.	<u> </u>			
10/22/88	1/20/89					4075'			3949'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
7074' GL 7086' RKB Pictured Cliffs						3670'			3700'				
Perforations									Depth Casir	g Shoe			
Pictured Cliffs 3670' - 3729' TUBING, CASING AND CEMENTING RECORD													
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
12 1/4"	8 5/8"				132'			150 sx Class B (177 ft ³					
7 7/8"	4 1/2"				4048'			300 sx Class B (177 ft 3					
									-/ .)	o /			
V. TEST DATA AND REQUES									6				
OIL WELL (Test must be after re	Date of Te		of load	d oil and	musi		exceed top all thod (Flow, pr		# 19 18°		75)		
Date Find New Oil Role To Faint	l rouseing in	caios (1 tom, pi		M = 1		VEM							
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			· ·	- 			
									1,50	FEB061989			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			OIL CON. DIV				
	<u> </u>	··	·			<u></u>				CIV.	4 V. *		
GAS WELL										IST. 3	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
1586	3 hrs. Tubing Pressure (Shut-in)				-0- Casing Pressure (Shut-in)			N/A Choke Size					
Tosting Method (pitot, back pr.) Back Pressure Test	1080				1085			Ciou Sir	3/4"				
<u></u>						┤┌─── ╧	003		_l	3/4			
VI. OPERATOR CERTIFICATE OF COMPLIANCE							OIL COM	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						11							
is true and complete to the best of my knowledge and belief.						Date Approved FEB 0 6 1989							
Vin 1) VN Youx						Original Signed by CHARLES UNULSUR							
Inny-		· · · · · · · · · · · · · · · · · · ·			_	By_	Origin	er orgineu b	1 CHWINES	OHOLD OI !			
Signature Kevin H. McCord Petroleum Engineer						""			·				
Printed Name							Title OFPUTY OIL & GAS INSPECTOR, DIST. 43						
2/3/89	2/3/89 505/326-2659						THE VILLE	W. W. M. M.					
Date													

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
- 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.