

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

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

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. 30-039-24645
Address P.O. Box 168, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" 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 Simms Com.	Well No. 7	Pool Name, including Formation East Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter P : 790 Feet From The South Line and 790 Feet From The East Line Section 12 Township 30N Range 4W, 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"/> none	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"/> Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) 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? <input checked="" type="checkbox"/>
		When? 8-10-90

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	X					
Date Spudded 7-1-90	Date Compl. Ready to Prod. 7-28-90	Total Depth 4025'		P.B.T.D. 3932				
Elevations (DF, RKB, RT, GR, etc.) 6970' GL; 6982' RKB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3635		Tubing Depth 3667				
Perforations 3635-3726 (103 Holes)				Depth Casing Shoe 3988				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	151	90 sx, 106 ft ³ Class B w/2%
7-7/8"	4-1/2"	3988	CaCl ₂ ; 550sx, 1134 ft ³ Class B
			Econolite; 350sx, 441 ft ³
	2-3/8"	3667	50/50 Pozmix w/2% gel; 10%

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 greater than full 24 hours)		salt; 50sx, 59 ft ³ Class B neat cement	
Date First New Oil Run To Tank	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

RECEIVED
AUG 17 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 428	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 1125	Casing Pressure (Shut-in) 1126	Choke Size 3/4

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.

Signature Kevin H. McCord Pet. Engineer
Printed Name
8-15-90 505/ 325-6900
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 17 1990

Date Approved
By Barry A. Chang
SUPERVISOR DISTRICT #3
Title

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

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