Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NM 87410				LE AND AUTH AND NATURA							
Operator	TO TRANSPORT OFF				Well API No.						
Robert L. Bayless						30-0	39-2513	0			
PO Box 168, Farming	gton, NM 8749	9									
Reason(s) for Filing (Check proper box)				X Other (Plea	se explain)					
New Well	_ [_	in Transporte Dry Gas	er of:			5	1 07:56				
Recompletion	Oil Casinghead Gas	Condensa	ue 🗆	Plug	Back itlan	Picture d.	ea Clitt	s; Comp	rete		
f change of operator give name	Campion Cas			110	101411						
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No	Pool Nan	ne. Includin	g Formation			f Lease		ase NaJic.		
Jicarilla 30-3-28	1				tland Coal State, F			ederal or Fee 701-90-0002			
Location				11.	700			Most			
Unit LetterM	: <u> </u>	Feet From	n The	outh Line and _	790	Fa	t From The	West	Line		
Section 28 Townsh	hip 30N	Range	3W	, NMPM,	F	Rio Arr	iba		County		
III. DESIGNATION OF TRA	NCDADTED AF	OTL AND	NATH	RAL GAS							
Name of Authorized Transporter of Oil	or Cond		7	Address (Give addre	ss to whi	ch approved	copy of this f	orm is to be se	nt)		
n/a											
Name of Authorized Transporter of Casi	nghead Gas	or Dry C	ias 🗆	·		copy of this form is to be sent)					
Robert L. Bayless	5 2 6 Unit Sec.	Unit Sec. Twp. Rge.			PO Box 168, Farmington Is gas actually connected? When it						
If well produces oil or liquids, give location of tanks.	Unit Sec.	l Iwp.	l Kgc.	ves			1/24/92				
If this production is commingled with the	it from any other lease	or pool, give	commingli	ng order number:					·		
IV. COMPLETION DATA	5.21	55	0		γ		Diag Dark	Same Res'v	Diff Res'v		
Designate Type of Completion	1	i	as Well	New Well Wor	kover	Deepen	X	Same Kes v	Dill Kesv		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D. Bridge Plug @ 3640' RK			
1/- 7-91		6/5/92			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) 7137 GL; 7149 RKB	Name of Producing Formation Fruitland Coal			3592'			3615'				
Perforations	Translate South						Depth Casing Shoe				
3592-3624'											
		TUBING, CASING AND						SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET 146.78'			Oriolio dell'est			
12-1/4" 7-7/8"	8-5/8" 4-1/2"			40491	7.0		4300				
7-7/8"	2-3/8"				3615'						
V. TEST DATA AND REQU	EST FOR ALLO	WABLE			d tan alla	unhia for th	is denth or he	for full 24 hos	urs.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volu	me of load o	u ana musi	Producing Method	(Flow, pu	mp, gas lift,	والاسال على	# F F F			
Date First New Oil Run 10 Tank	Date of Test						m E				
Length of Test	Tubing Pressure			Casing Pressure			Groke Size		no E		
							Gas-MCP 2 1992				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			OH CON. DW.			
							- Cre	DIST. S			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/	MCF		Gravity of	Condensate			
14	1	24 hrs.			0						
Testing Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			3/8"			
back pressure	720			720				3/0			
VI. OPERATOR CERTIF	ICATE OF CO	MPLIAN	VCE	Oll	CON	SERV	ATION	DIVISI	ON		
I hereby certify that the rules and rules and rules of Division have been complied with	and that the information	ı given abov	ε				UL 1				
is true and complete to the best of	IN KIIOWICEE AND DEN	···		Date Ap	prove	ed		ાં ¦મૂત્⊈			
Min D.	" Con	By	By One and Street by Charles 3000 and								
Signature Kevin H. McCord	Petrole	11		ON 0 C+	C INCORPT	OR DIST #	3				
Printed Name 6/19/92	505-326			Title	DEPUTY	UML & GA	ווש זכווו כ	or, dist. #			
Date		Telephone l	No.								

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.