Submit 5 Copies
Appropriate District Office
DISTRICT 1
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	T	OTRAN	ISPORT OIL	AND NA	TURAL GA					
Operator Palaceta I Paul					Well A <sup>p</sup> : No.					
Robert L. Bayless					30-045-25949					
P.O. Box 168, Fa	rmingtor	n. NM	87499							
Reason(s) for Filing (Check proper box)	<u> </u>	<del>-                                    </del>	·- · · · · · · · · · · · · · · · · · ·	Oth	er (Please expla	zin)		· · · · · · · · · · · · · · · · · · ·		
New Well		~	ransporter of:							
Recompletion $\square$ Change in Operator $\square$ $(2/1/89)$	Oil Cooleanas		ory Gas L							
If change of operator give name			Condensate	<del></del>		<u> </u>				
and address of previous operator	<u>т.н.с.,</u>	Inc.,	P.O. Box 3	312, Oti	s, KS 6	7565				
II. DESCRIPTION OF WELL								· · · · · · · · · · · · · · · · · · ·		
Lease Name Navajo Tribal "U"  Well No. Pool Name, Includi 29 Tocito I							of Lease Federal or Fee	Lease No.		
Navajo Tribal "U"	Dome Penn. "D"			Navajo	14-20-603-5034					
Unit Letter N	. 800	7	eet From The _S	outh :-	247	5 5	_	west Line		
Onit Letter	:	г	ect riom the 👱	Out II	and	re	et From The	une une		
Section 15 Township	20	6N <b>F</b>	tange 18W	, N	MPM,	San .	Juan	County		
HI DESIGNATION OF TRAN	CDADTED	ÒE OII	AND NATE	DAT CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
Permian	الما الما الما الما الما الما الما الما					P.O. Box 1183, Houston, TX 77251-1183				
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?					
If well produces oil or liquids, Unit give location of tanks.				is gas actual	у сонцестент	Wite II	When ?			
If this production is commingled with that i	<del></del>			ling order num	ber:					
IV. COMPLETION DATA		, <del></del>	<sub>1</sub>	·			<del> </del>			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	The Resy Din Resy		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
·		-					840	4		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			nation	Top Oil/Gas Pay			Tubing Depth - 1 1989			
Perforations	L			<u> </u>			OIL CON	SERVATION DIV.		
							Septi Casing C	ANTA FE		
TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CAS	ING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			<u> </u>			
	<del> </del>			ļ <u></u> -			<del> </del>			
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	<del>, , , , , , , </del>	load oil and musi	<del></del>	<del></del>			full 24 hours.)		
TOTAL SERVICE OF LEEP				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choice Size			
				1						
ctual Prod. During Test Oil - Bbls.				APR3 =1989						
	<u></u>			<u> </u>	<del></del>		100			
GAS WELL .  Actual Prod. Test - MCF/D	Length of T	est		Bbls, Conder		ON. D	Gravity of Con	densate		
Penkin of 1694				DIST. 3			Joint, or ca	e a compression and a service of the		
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	· ·		
				<u> </u>			<u></u>			
VI. OPERATOR CERTIFIC						ISERV		IVISION		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved APR 03 1989					
					Date Approved					
Simple Simple					By					
Signature Robert L. Bayless Operator				Sufficient district # 2						
Printed Name	·		Title	Title						
4/3/89 Date	50	05/326- Teleph	-2659 none No.							
<del></del>	100	·cicpi		11				•		

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.