Form C-104 Revised 10-1-78 ERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION P. O. BOX 2088 DISTRIBUTION SANTA FE SANTA FE, NEW MEXICO 87501 FILE U.S.G.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE Operator Robert L. Bayless P.O. Box 1541, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) Dry Gas Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Jicarilla Jicarilla 393 **3**-1 Ballarc Pic. Cliffs State, Federal or Fee Tribe Cont. #393 Location · 790 Feet From The South Line and 1850 Feet From The Sandoval 23N 4W , NMPM, 21 Township Range County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401 El Paso Natural Gas Co. Is gas actually connected? When Sec. Unit Twp. Rge. If well produces oil or liquids, approx. 07-30-82 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Х Total Depth Date Compl. Ready to Prod. P.B.T.D. 06-09-82
Elevations (DF, RKB, RT, GR, etc.) 07-15-82 2596 ft 2526 ft Top OII/Gas Pay Tubing Depth Name of Producing Formation 7007' GL & RKB 2456 ft Depth Casing Shoe <u>Pictured Cliffs</u> Periorations 2576 ft 2456-2473 ft. TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 125 ft. 35 sacks Class "B" 9" 7" 5-1/8" 2-7/8" 2576 ft. 200 sacks Class (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbis. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 3 hours Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Back Pressure 605 psiq **OIL CONSERVATION DIVISION** CERTIFICATE OF COMPLIANCE Original Signed by FRANK T. CHAVEZ . 19 -APPROVED 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. BY. SUPERVISOR DISTRICT # 3 TITLE . This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) Operator All sections of this form must be filled out completely for allow-(Title) able 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. 1982 July 26. Separate Forms C-104 must be filed for each pool in multiply

(Dote)