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OIL CON. DIV  
DIST. 3

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Robert L. Bayless

Address P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Natani Com</u>	Well No. <u>19</u>	Pool Name, including Formation <u>Rusty Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 16582</u>
Location				
Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>22 North</u> Range <u>6 West</u> , NMPM, <u>Sandoval</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corporation</u>	<u>P.O. Box 8900, Salt Lake City, UT 84108-0900</u>
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>no</u> <u>ASAP</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Kevin H. McGon  
(Signature)

Petroleum Engineer  
(Title)

12-26-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

# IV. COMPLETION DATA

Designate Type of Completion - (X)					
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
					Same Res'v.
					DILL Res'v.

Date Spudded	11/11/85	Date Compl. Ready to Prod.	12/9/85	Total Depth	1950'	P.B.T.D.	1900'
Elevation (D.F., RKB, RT, CR, etc.,)	6946' GL	Name of Producing Formation	Chacra	Top Oil/Gas Pay	1718'	Tubing Depth	--
Perforations	1718-1724', 1732-1764', 1812-1819', 1824-1827'	48 holes	(.34")	Depth Casing Shoe	1937'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7"	100'	25 SX CLASS B w/2% CACL
6 1/2"	2-7/8"	1937'	150 SX CLASS B w/2% D-79
			100 SX 50-50 poz w/2% gel
			6 10% salt

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed log allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

# GAS WELL

Actual Prod. Test - MCF/D	0	Length of Test	3 hrs	Bbls. Condensate/MCF	--	Gravity of Condensate	--
Testing Method (Flow, back pr.)		Tubing Pressure (Shut-In)	--	Casing Pressure (Shut-In)	390	Choke Size	1"
back pressure							