Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST FO | OR ALLOWAE | BLE AND | AUTHORIZ | ATION | | | | |
|---|---|----------------------------|--|---|---------------------------------------|--|----------------|---------------|--|
| [, | TOTRA | NSPORT OIL | AND NA | TURAL GA | S | | | | |
| Operator | | | | | Well A | Well API No. | | | |
| ROBERT L. BAYLESS | | | | | 30- | 039-23604 | | | |
| Address P.O. Box 168, Farm | ington, NM 8 | 7499 | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | Oth | er (Please explai | n) | | | | |
| New Well | | Transporter of: | Ef | fective O | ctober | 1, 1992 | | | |
| Recompletion | Oil 🖳 | Dry Gas | | | | | | | |
| Change in Operator | Casinghead Gas | Condensate | | | | | | | |
| | rion Oil and | Gas Corp., | P.O. Box | x 840, Fa | rmingto | n. NM 8 | 7499 | | |
| DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including | | | | | | of Lease No. | | | |
| Oso Canyon Gas Com | | | | | | Federal or Fee | NM - | 40636 | |
| Location Unit Letter F | . 1650 | Feet From TheN | lorth Lin | e and16 | 50 Fe | et From The _ | West | Line | |
| Section 13 Townshi | n 24N | Range 2W | | | io Arri | ba | | County | |
| Section | 386 47 4 3 5 | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATUL | | | | Address (Give address to which approved copy of this form is to be sem) | | | | | |
| Gary Williams Energy Corp. | | | | 159, Bloom | | | | | |
| Name of Authorized Transporter of Casin | ghead Gas XX | or Dry Gas 🔚 | 1 | e address to whi | | | | | |
| El Paso Natural Ga | s Company | · | | Box 4990 | | | <u>M 8749</u> | 19 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. F 13 | Twp. Rge. 24N 2W | Yes | ly connected? | When | 1/88 | | - | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or | pool, give comming | ling order num | ber: | | | | | |
| Designate Type of Completion | Gil Wel | I Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready t | o Prod. | Total Depth | _l | | P.B.T.D. | - | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | | Depth Casing | g Shoe | | |
| | m IDDIO | CACING AND | CEMENT | NC PECOR | <u> </u> | <u> </u> | | | |
| | | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEF TIT GET | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOW | ABLE | the equal to a | r exceed top allo | wable for th | is depth of the | orafull 24 hou | ırs.) | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | ecovery of total volume of load oil and must Date of Test | | Producing Method (Flow, pump, gas lift, | | | | | | |
| Length of Test | Tubing Pressure | Tubing Pressure | | sure | | Choke Size OCT 0 7 1992 | | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbis. | | | Gas-MODIL CON. DIV | | | |
| GAS WELL | | | _1 | | | | <i></i> | J. ev | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC | CATE OF COM | PLIANCE | | OIL CON | ISERV | ATION | DIVISIO | ON | |
| I hereby certify that the rules and regr Division have been complied with an | d that the information g | ervation iven above | | | | OCT 0 7 | | | |
| is true and complete to the best of my | PRIOMICUSE AND DELICIT. | | Dat | e Approve | | رلم (الم | 1 | , | |
| Signature | W | | Ву | | | RVISOR D | | 1 3 | |
| Kevin H. McCord | Petrol | eum Eng. Title | Title | 9 | JUF & | | | | |
| | /= 0 = 1 | | 11 **** | | | | | | |

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

Date

(505)

1) 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.

325-6900

Telephone No.