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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

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTH	ANSF	ORT OIL	_ AND NA	TURAL G					
Operator Robert L. Bayless							Well	30-045-12134			
Address		NM	0.7	400			***************************************				
P.O. Box 168, Fa	temingro	n, Nri	874	499	Oth	er (Please expl	ain)				
New Well		Change is	n Transp	corter of:		ci (i itust cipi	401)				
Recompletion	Oil		Dry G	ias 🔲							
Change in Operator X (2/1/89	) Casinghead	I Gas	Conde	ensate 🗌							
If change of operator give name and address of previous operator	T.H.G.,	Inc.	, P.O	O. Box :	312, Oti	s, KS 6	7565				
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includ					ing Formation	··	Kind	Kind of Lease No.			
Navajo Tribal "U" 9 Toc					Dome Penn. "D"			State, Federal or Fee 14-20-603-5			
Location								Navajo			
Unit LetterM	_ :66	0	_ Feat F	rom The	south Lin	e and65	50 F	et From The _	west	Line	
Section 22 Townshi	p 2	6N	Range	18W	, N	мем,	San	Juan	····	County	
III. DESIGNATION OF TRAN		R OF O		ND NATU							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Permian  Name of Authorized Transporter of Casinghead Gas or Dry Gas					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 so be sens)						
If well produces oil or liquids,	Unit   Sec.		Twp. Rge.		is gas actuali	y connected?	When	When ?			
give location of tanks.	A	20	261		<u> </u>	· <del></del>	L	·			
If this production is commingled with that  IV. COMPLETION DATA	from any other	er lease or	pool, g	ive comming	ling order num	ber:					
	~~	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		l Bleady I	O Prod		Total Depth	L	1	J1		<u> </u>	
	Spudded Date Compl. Ready to Prod.				Total Depti			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth			
Perforations							<del></del>	Depth Casing Shoe			
	T	UBING.	CASI	ING AND	CEMENTI	NG RECOR	D	1		<del></del>	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<del> </del>							-	····	<del></del>	
			<del> </del>				<del></del>	<del> </del> -			
V. TEST DATA AND REQUES					· <del>! · · · · · · · · · · · · · · · · · · </del>	<del></del> ,		- <del>L</del>			
OIL WELL (Test must be after r  Date First New Oil Run To Tank			of load	oil and must					or full 24 how	rs )	
Date Fire New Oil Rull 10 Table	Run To Tank Date of Test				Producing Method (Flow, pump, 1 as lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre	· · · · · · · · · · · · · · · · · · ·	Choke Size			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
								197			
GAS WELL									<del> </del>		
Actual Prod. Test - MCF/D	Length of T	Length of Tes!				sale/MMCF	<del></del>	Gravity of Condensate			
					V 2						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE				. — . –	·	<del></del>	
I hereby certify that the rules and regul	lations of the (	Oil Conse	rvation		(	OIL CON	<b>ISERV</b>	ATION [	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR 03 1989						
1/_ 4	11/2				Date	Approve	u	A			
1/1/1/1/							Zin	) Ch			
Signature Robert L. Bayles		011	erato	nr	By_			ISION DIS	<u> </u>	и п	
Printed Name	<u> </u>	<u>op</u> i	Title	<u> </u>	Title		SOFERY.	POTON DI	SIKIUT	<i>7</i> 3	
4/3/89 Date	5	05/32				<del></del>	<del></del>		<del></del>		
Unit		Tele	ephone l	No.	H						

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.