| SANTA LE | REQUESTION ALLOWABLE | | | Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 | |
|--|--|--|---|--|--|
| U.S.G.S. | AUTHORIZATION TO TR | RANSPORT OIL AND NATI | JRAL GAS | | |
| OPERATOR AROUND OFFICE | | | 30-039 | - 25163 | |
| Operator | & Robert L. Bayless | | | | |
| P.O. Box 1541, Farm | nington, NM 87401 | | | | |
| Reason(s) for filing (Check proper b | | Other (Please expla | in) | | |
| Recompletion Change in Ownership | OII Dry C | Gas Console Co | | | |
| If change of ownership give name and address of previous owner | | | | | |
| L. DESCRIPTION OF WELL AN | D LEASE Well No. Pool Name, Including | Formation Kind | of Lease | Leas● No. | |
| Canada Mesa | 2-E Basin Dakota | | Federal or Fee | • | |
| | 825 Feet From The South Li | ine and 1785 Fee | t From TheWe | est | |
| Line of Section 24 7 | ownship 24N Range | 6W , NMPM, F | io Arriba | County | |
| | RTER OF OIL AND NATURAL G | | | | |
| Name of Authorized Transporter of C | or Condensate | Address (Give address to whic | h approved copy o | (this form is to be sent) | |
| Name of Authorized Transporter of C El Paso Natural Gas | | Address (Give address to which P.O. Box 990, Farm | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | Is gas actually connected? | When | 87401 as possible | |
| If this production is commingled v. COMPLETION DATA | with that from any other lease or pool, | | ет: | | |
| Designate Type of Complet | , A | New Well Workover Dee | pen Plug Bac | Same Res'v. Diff. Res'v. | |
| Date Spudded 02-25-80 | Date Compl. Ready to Prod. 04-26-80 | Total Depth 6775 | P.B.T.D | 6660' | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing D | | |
| 6588 GL | Dakota | 6538' | Depth Co | 6627' | |
| 6538-6587', total 1 | | D CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| 13-3/4" | 9-5/8" | 235' | 400 s | acks Class B | |
| 7-7/8" | 4-1/2" 2-1/16" | 6775' 6627' | 1050 s | acks (3 stages) | |
| | | 1 | | | |
| TEST DATA AND REQUEST FOIL WELL | | fier recovery of total volume of lo pih or be for full 24 hours) | ad oil and must be | equal to or exceed top allow- | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, | gas lift, etc.) | | |
| Length of Test | Tubing Pressure | Casing Pressure | 0.000 | | |
| Actual Prod. During Test | Oil-Bbla. | Water - Bbls. | / Fundaci | | |
| I | | | MAY 8 | 0 1980 | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | | N. COM. | |
| 1.5 MMCF/day | 3 hrs. | | 1 | 31. 3 | |
| Teating Method (pitot, back pr.) | Tubing Presewe (shut-in) 1300 psig | Casing Pressure (Shut-in) | Choker | | |
| Back Pressure CERTIFICATE OF COMPLIAN | <u> </u> | 1980 psig OIL CONSE | 1" ERVATION CO | DMMISSION | |
| | regulations of the Oil Conservation | APPROVED Original | <u> </u> | 30 . 19 | |
| Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief. | | BYCETE CETE CHOR, DIST. #3 | | | |
| \mathcal{A} \mathcal{A} \mathcal{A} | | | | | |
| Dygg / linen | | If this is a request for | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed | | |
| (Signature) Operator | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| (Title) | | All sections of this fo | rm must be filled ed wells. | lout completely for allow- | |
| 05-19-80 (Date) | | 1.6 | I, II, III, and | VI for changes of owner, such change of condition. | |
| (t) | ***/ | 1 | • | = | |

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