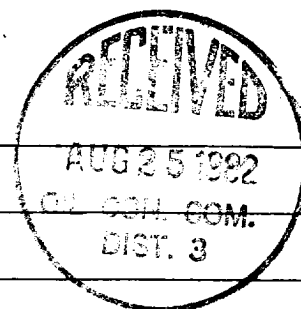


OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Robert L. Bayless

Address
P.O. Box 1541, Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 65 B	Well No. 1	Pool Name, Including Formation West Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee	Jicarilla Tribe	Lease No. Cont. 65
Location					
Unit Letter D	1000	Feet From The North	Line and 440	Feet From The West	
Line of Section 15	Township 25 North	Range 4	West	NMPM,	Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit 15	Sec. 25N
	Twp. 4W	Rge. 4W
	Is gas actually connected? no	When August 25, 1982

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 06-04-82	Date Compl. Ready to Prod. 8-14-82	Total Depth 8074' KB	P.B.T.D. 8018'					
Elevations (DF, RKB, RT, CR, etc.) 7118 GL, 7128 KB	Name of Producing Formation Dakota/ Upper & Lower Gallup	Top Oil/Gas Pay 6803'	Tubing Depth 7748'					
Perforations Dakota: 7721-7898 Lower Gallup: 7032-7098/Upper Gallup: 6803-6983			Depth Casing Shoe 8066'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	225' KB	147.5 ft.
7-7/8"	4 1/2"	8066' KB	2607 ft.
	2-3/8"	7748'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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)

Date First New Oil Run To Tanks 8/14/82	Date of Test 8/15/82	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 3 hours	Tubing Pressure 240 psi	Casing Pressure 650 psi	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 12	Water-Bbls. 1.5	Gas-MCF 57

GAS WELL

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

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

Operator

August 24, 1982

(Date)

OIL CONSERVATION DIVISION

AUG 25 1982

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

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.