

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.I.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Robert L. Bayless

Address  
P. O. BOX 1541 FARMINGTON, NM 87499

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	Well No.	Pool Name, Including Formation	Kind of Lease	Jicarilla	Lease No.
Jicarilla 363 B	4	South Blanco Pic. Cliffs	State, Federal or Fee	Tribe	Cont. 363

Location

Unit Letter C ; 790' Feet From The North Line and 1850' Feet From The West

Line of Section 16 Township 24 North Range 4 West , NMPM, Rio Arriba County

## 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P.O. Box 1526, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	No. Approximately
	February 1, 1983

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
07-07-82	07-27-82	2880'	2862'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6771' KB, 6764' GL	Pictured Cliffs	2748						
Perforations			Depth Casing Shoe					
2748-2817 ft.								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	97	71ft <sup>3</sup> Class B w/2% CaCl
			Circ. 24ft to surface.
6-1/4"	2-7/8"	2880	919ft <sup>3</sup> Class B w/2% D-79
			95ft <sup>3</sup> 50-50 w/2% gel, 10%
			salt. Circ. 172ft to surf.

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)

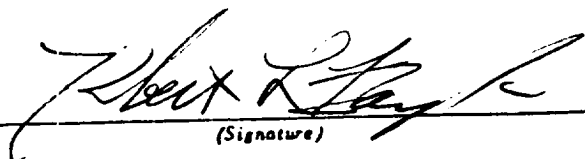
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1013 ACF	3 hours	-----	-----
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	-----	665 psig	3/8"

## 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.



(Signature)

Operator  
(Title)

December 13, 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED

Original Signed by CHARLES STOLSON

BY

TITLE DEPUTY OIL &amp; GAS INSPECTOR, DIST. #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.