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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

31/3/83
12-18-83
NOV 30 1983
OIL CONSERVATION COMMISSION

Operator Robert L. Bayless	
Address P.O. Box 1541, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 118 B	Well No. #1	Pool Name, Including Formation Sleeper Pic. Cliffs	Kind of Lease Jicarilla	Lease No. Cont. 118
Location Unit Letter <u>H</u> ; <u>1990</u> Feet From The <u>North</u> Line and <u>470</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>26 North</u> Range <u>3 West</u> , NMPM, <u>San Juan</u> County				

III. 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 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 26
	Twp. 26N	Pge. 3W
	Is gas actually connected? <u>no</u> When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ^{ty} .	Diff. Res ^{ty} .
		X	X					
Date Spudded 8-29-83	Date Compl. Ready to Prod. 11-9-83		Total Depth 4150'		P.B.T.D. 4085'			
Elevations (DF, RKB, RT, GR, etc.) 7431' KB 7425' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3902'		Tubing Depth 4026'			
Perforations 3902-3925', 3936-3939', 3944-3948', 3956-3973', 3977-3980'					Depth Casing Shoe 4124'			
Total of 50 feet, 50 holes								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7"		128'		40 sx Class B w/2% CaCl			
7-7/8"	4 1/2"		4124'		150 sx 50-50 poz w/2% g & 10% salt			

V. 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)

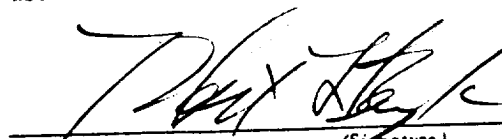
Date First New Oil Run To Tanks 11-9-83	Date of Test 11-21-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 15.4	Water-Bbls. 1.5 (load)	Gas-MCF 99

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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)
11-22-83
(Date)

OIL CONSERVATION COMMISSION

11-30-83
APPROVED NOV 30 1983

BY Original Signed by FRANK I. CHAVEZ

TITLE
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 multiple completed wells.