

Section 3 Copies  
Appropriate Land Office  
DISTRICT I  
P.O. Box 1960, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Robert L. Bayless		Well API No.
Address P.O. Box 168, Farmington NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		Effective 7-1-90

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 11.8 B	Well No. 1	Pool Name, including Formation Sleeper Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. Cont. 118
Location Unit Letter <u>H</u> : 1990 Feet From The <u>North</u> Line and <u>470</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>26 N</u> Range <u>3W</u> , NMPM, San Juan 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"/> Gary Williams Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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	Rge. 3W
Is gas actually connected?		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'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performances				Depth Casing Shoe				

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### 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 Tank	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, etc.)	
Casing Pressure	
Water - Bbls.	
Choke Size	
Gas MCF	

RECEIVED  
JUL 2 1990  
OIL CON. DIV.  
DIST. 3

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR 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 Robert L. Bayless Operator  
Printed Name 6/22/90 Title 505/326-2659  
Date 6/22/90 Telephone No. 505/326-2659

### OIL CONSERVATION DIVISION

Date Approved JUL 2 1990  
By Supervisor  
Title SUPERVISOR DISTRICT 13

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.

