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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410					AICYICO 9/3							
I.	REQU	EST F	OR A	LLOW	ABLE AND	<b>AUTHOF</b>	RIZATIO	N				
Operator		OTRA	NSP	ORT O	IL AND NA	TURAL (	SAS					
							W	Well APi No.				
Robert L. Bayless								30-0	30-045-05802			
P.O. Box 168, Fa	rmington	. NM	8749	a a								
Reason(s) for Filing (Check proper box)		,			Ou	her (Please ex	plain)			<del></del>		
New Well	(	Change in	Transpo	orter of:		nei (i icaic ex)	pain)					
Recompletion	Oil		Dry G	28 🗆	NO	OTE: We	ll shu	t-in - N	i∩ trane	nortor		
Change in Operator X(2/1/89	) Cannghead	Gas 🗌	Conde	nsate:					o crans	porcer		
If change of operator give name and address of previous operator 0	.T.H.G	Inc.	. P.C	) Box	312, Oti	ic VC	67565					
II. DESCRIPTION OF WELL			<u> </u>	DOX	<u> </u>	15. 15	0/303					
Lease Name		Well No.	Dool N	la man di alia								
Navajo Tribal "N	i	3	1		ding Formation	. D.		nd of Lease ate, Federal or	Ess	Lease No.		
Location	L	l	01	idesig.	nated Org	an Rock			114-	<del>20-603-503</del>		
Unit Letter O	. 510	)	Fact Fa	73	south		1020	Navaj				
	- ·	<del></del>	rea rr	Offilne _	south Lin	e and	1830	Feet From Tr	e eas	tLine		
Section 17 Townshi	ip 26N		Range	181	. NI	мрм,	San	Juan		County		
III DECICNATION OF TO A	.an a =									County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OI or Condens	L AN	D NATU	IRAL GAS							
in the second se	□ ,	Concent	MALE.		Address (Giv	e address to w	vhich appro	ved copy of the	s form is to be	e seni)		
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)					<del></del>						
			or Dry		71000000 (01)	4 OCTO 522 10 M	vnich appro	wea copy of the	s form is to be	e seni)		
If well produces oil or liquids, pive location of tanks.	Unit S	ec.	Twp.	Rge	ls gas actuali	y connected?	l wi	nen ?				
	<del> </del>	L		1			i					
f this production is commingled with that V. COMPLETION DATA	from any other	lease or p	ool, giv	e comming	ling order numb	ber:						
COM EDITON DATA	<del></del>	Oil Well		1. 111.4	1							
Designate Type of Completion	- (X)	Oil Mett	1 6	ias Well	New Well	Workover	Deeper	Plug Baci	k Same Res'	v Diff Resiv		
Date Spudded Date Compl. Ready to Prod.					Total Depth	L	<u> </u>	P.B.T.D.				
					-			P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas P	Pay		Tubing De	Tubing Depth			
erforations				<u> </u>			1					
								Depth Cas	ing Shoe			
	TU	BING. C	'A SIN	IG AND	CEMENTIN	IC PECOD						
HOLE SIZE	CASIN	G & TUE	ING SI	IZE	CEMENTING RECORD DEPTH SET				01040.05			
					DEF THISE!			<del></del>	SACKS CEMENT			
										<del></del>		
										<del></del>		
. TEST DATA AND REQUES	T FOR AL	LOWAI	RIF		<u> </u>	<del></del>						
IL WELL (Test must be after re				I and must	he equal to or .	avoned town all.						
IL WELL (Test must be after recovery of total volume of load oil and must late First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
							- F. Gy.	, •••.,				
ength of Test	Tubing Pressu	re			Casing Pressur	re		Choke Size	,			
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.								
The Daily Test							Gas- MCF					
GAS WELL	<del></del>				<u> </u>				·			
ciual Prod. Test - MCF/D	l angel of Tax											
	st - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate			
sting Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
•		,	,		castle i tosaul	c (Shur-m)		Choke Size				
I. OPERATOR CERTIFICA	TE OF C	OMPI	IANIC	TE								
I hereby certify that the rules and regular	Joog of the Oil	CONSERVA	TVTATA (	LE	<u> </u> ი	IL CON	SERV	'ATION	DIME	ΩNI		
Division have been complied with and that the information given above								THON	D14101	JIY		
is true and complete to the best of my kn	owledge and b	elicf.			Data		.j	APR 2	5 1989			
		//		ار	Date /	Approved			1			
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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.

Title.

SUPERVISION DISTRICT #:8

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

505/326-2659 Telephone No.

- 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.