

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 10-01-83
Page 1

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SEP 23 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I.

Operator Robert L. Bayless	
Address PO Box 168, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☐ Dry Gas ☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 491	Well No. 1	Pool Name, including Formation Undesignated Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. JIC Cont 491
Location				
Unit Letter J : 1585 Feet From The South Line and 1505 Feet From The East				
Line of Section 32 Township 28N Range 2W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

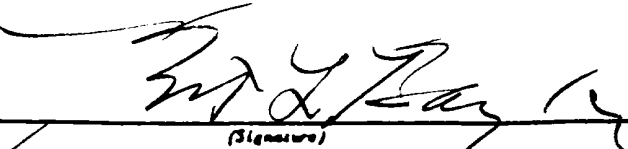
Name of Authorized Transporter of Oil ☐ or Condensate ☐ none	Address (Give address to which approved copy of this form is to be sent) n/a
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐ Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) PO Box 168, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. no
Is gas actually connected? When	

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

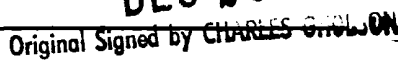
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Petroleum Engineer
(Title)
9/9/87 (amended 9/21/87)
(Date)

OIL CONSERVATION DIVISION

APPROVED 
Original Signed by CHARLES G. JOHNSON
BY _____
TITLE DEPUTY OIL & 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
			X	X					
Date Spudded 8/8/85	Date Compl. Ready to Prod. 8/29/87	Total Depth 8284				P.B.T.D. 8205			
Elevations (DF, RKB, RT, CR, etc.) 7115' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3452				Tubing Depth 7324			
Perforations 3452 - 3626						Depth Casing Shoe 8245			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		558		400 sx Class B				
8-3/4"	7"		8245		Stg 1: 515 sx Class Bpozmi:				
					Stg 2: 1100 sx Class Bpozmi:				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1284	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 0-logged off	Casing Pressure (Shut-in) 1127	Choke Size 3/4"

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Revised 10-01-78
Formal 10-01-83
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RECEIVED
SEP 23 1987
OIL CON. DIV.
DIST. 2

I. Operator
Robert L. Bayless

Address
PO Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 491	Well No. 1	Pool Name, including Formation Undesignated Mesa Verde	Kind of Lease State, Federal or Fee Indian	Lease No. JIC Cont 491
Location Unit Letter <u>J</u> : <u>1585</u> Feet From The <u>South</u> Line and <u>1505</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>28N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

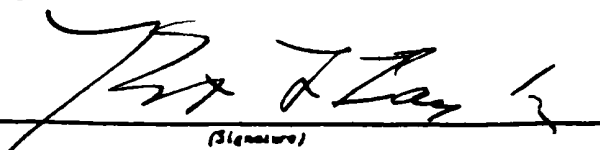
Name of Authorized Transporter of Oil ☐ or Condensate ☐ none	Address (Give address to which approved copy of this form is to be sent) n/a
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐ Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) PO Box 168, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.	Is gas actually connected? When no

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Petroleum Engineer
(Title)
9/9/87 (amended 9/21/87)
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 20 1987
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #3
TITLE

This form is to be filed in compliance with RULE 1104.
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Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)										Date Spudded		8/8/85		Elevations (D.F., RKB, RT, CR, etc.)		7115' GL		Partitions		5492 - - 5792		TUBING, CASING, AND CEMENTING RECORD	
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.			Date Compl. Ready to Prod.	Total Depth	8284											
	X	X																					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be effort recovery of total volume of load oil and must be equal to or exceed test allow-
able 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	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	1997	Length of Test	3 hours	Bbls. Condensate/MCF	0	Gravity of Condensate	
Tooling Method (Puck, back pr.)		Tubing Pressure (Rings - lb)	0-logged off	Casing Pressure (Rings - lb)	1127	Choke Size	3/4"
Backpressure							