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 06-01-83
Page 1

RECEIVED
SEP 23 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Robert L. Bayless

Address: PO Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla 491	1	Undesignated Pictured Cliffs	State, Federal or Fee Indian	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 ☐	Address (Give address to which approved copy of this form is to be sent)
none	n/a
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
Robert L. Bayless	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

I 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 29 1987
Original Signed by CHARLES GHOLSON
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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/8/85	8/29/87	8284	8205
Elevations (DF, RKB, RT, GR, 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)

OIL WELL

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

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Line of Section 32 Township 28N Range 2W , NMPM, Rio Arriba County

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none	n/a
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Robert L. Bayless	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.*

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OIL CONSERVATION DIVISION

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		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/8/85	8/29/87	8284	8205
Elevations (DF, RKB, RT, GR, etc., 7115' GL	**Name of Producing Formation** Mesa Verde	**Top Oil/Gas Pay** 5492	**Tubing Depth** 7324
Perforations 5492 - 5792			**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

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(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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1997	3 hours	0	
Testing Method (pitot, back pr.) backpressure	**Tubing Pressure (Shut-in)** 0-logged off	**Casing Pressure (Shut-in)** 1127	**Choke Size** 3/4"