

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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APR 07 1987

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 9

I.

Operator: Robert L. Bayless

Address: P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 451	Well No. 1	Pool Name, including Formation Undesignated Fruitland	Kind of Lease State, Federal or Fee Indian	Lease No. JIC. 451 Cont. 451
Location				
Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>29N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Independent Pipeline Corp.	P.O. 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 4/8/87

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.

*Kevin H. McLeod*

(Signature)

Petroleum Engineer

(Title)

April 6, 1987

(Date)

OIL CONSERVATION DIVISION

APR 07 1987

APPROVED \_\_\_\_\_

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_

SUPERVISOR DISTRICT # 3

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 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
1/29/84	8/21/86		8700'		B.P. @ 5900' RKB P.B.T.D. @ 4180' RKB				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7163' RKB, 7151' GL	Fruitland				4104' RKB				
Perforations						Depth Casing Shoe			
3678-3779									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		523' RKB		324.5 ft Class B 3% Cact				
7 7/8"	5 1/2"		7271' RKB		squeezed 3584-4250				
					683 ft (450 sx) Class B				
					50/50 pozmix				

#### 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
156	3 hours	-0-	
Testing Method (pump, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size
pumping test-orifice meter	1	110	3/4"

Well made rate of 6 Bbl water/day during test