Submit 5 Copies Appropriate District Office DISTRICT I 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

3)

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

_				_	RRLE AND		_				
<u>[</u>		TOTRA	NS	PORT O	IL AND NA	TURAL G		A DI NI-			
Operator			Well	API No.	i						
Robert L. Bayles	3 S							30-039	<u>-24306</u>		
Address											
P.O. Box 168, Fa	irmingt	on, NM	<u> 8</u>	37499		(DI I	_:_\				
Reason(s) for Filing (Check proper bax) New Well		Channa in	· T	sporter of:		er (Please expl	ain)				
Recompletion	Oil Casinghea	C		Gas — densate —							
If change of operator give name	Canagae		COL	OCUSATE							
and address of previous operator											
I DESCRIPTION OF WELL	ANDIE	ACE									
Lease Name	I. DESCRIPTION OF WELL AND LEASE Well No. F			Pool Name, Including Formation			Kind	Kind of Lease Lease No.			
Jicarilla 459	1 i			East Blanco Pictured Cl			Chair Endamber Esa				
Location		<u> </u>		asc bic	inco i icc	urcu OII.	1131	Indian		COIIC.439	
Unit LetterG	: 165	8	_ Feel	t From The	north Li	e and190	<u>01</u> F	eet From The	east	Line	
Section 18 Township 30N			Ran	ige 3W	, N	, NMPM, Rio			Arriba County		
III. DESIGNATION OF TRAN	SPORTE			AND NAT							
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Gi	ve address to w	hich approved	1 copy of this j	orm is to be s	eni)	
No. of Australia I To a control of the control of t) C	1 11 2 2 (2)		P.1. I	A (6:33)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					~ }	Address (Give address to which approved copy of this form is to be sent) P.O. Box 168, Farmington, NM 87499					
Robert L. Bayless If well produces oil or liquids, Unit Sec.			Tw	p. Rg		BOX 108	y Farmi				
give location of tanks.	I OW	l ser	l iwi	ν ,		-	I Atter		10/00		
If this production is commingled with that	from sev of	l	L	cive commi	ye	,			19/89		
IV. COMPLETION DATA	HOIR MIN OL	HEL ICANE OF	poor,	, Rive committe	igning order mun			· · · · · · · · · · · · · · · · · · ·			
T. COM ELITON DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	· ¦	X	i X	I	1 Deepen	1 ring Dack	journe Res	I Resv	
Date Spudded					Total Depth		<u> </u>	P.B.T.D.	<u>. </u>		
10/17/88		1/7/89				4040'			3942'		
Elevations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay			Tubing Depth		
7074' GL; 7086' RKB Pictured Cliffs				ffs		3657'			3700'		
Perforations	.1				· · · · · · · · · · · · · · · · · · ·				Depth Casing Shoe		
TUBING, CASING AND					D CEMENT	NG RECOR	ED				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 1/4"	ļ	8_5/8	3"			137' K	В	150 sx	150 sx Class B (177 ft		
6 3/4"		4 1/2	11			4012' KB			550 sx Class B (1133 f		
V. TEST DATA AND REQUE									1 141138		
OIL WELL (Test must be after t			of lo	ad oil and m					for full 24 Hou	ys.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure Choke Size								
Length of Test	Tubing Pr	essure			Casing Press	Casing Pressure					
				Warra Dhia				Gas- MCF			
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas- MCF		
						 		<u> </u>	- 1,1	····	
GAS WELL							_				
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
2539	3 hrs.					-0-			-0-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)					
Back Pressure Test 890						890			3/4"		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLL	ANCE		OII		ATION:	D11 (10)	201	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION 1989					
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date	Date Approved JAN 3 0 1987					
Vlina 11 VM Gas											
UNM H. III TOUX					ريو ا	By Original Signed by FRANK T. CHAVEZ					
Signature H. McCond	n -	.1 *		:	∥ By_	A: Music	· villion b	I INTITAL I.	CHATCA		
Kevin H. McCord Printed Name	retro	oleum I	ng : Tid						ELLERY ISCIR	DISTRICT #3	
1/24/89	505/	326-265		· ·	Title						
Date	<u> </u>			ne No.							

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.