

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Robert L. Bayless

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

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
MAR 19 1985
OIL CON. DIV.
DIST. 2

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Coolidge Com	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NMI5272
Location: Unit Letter <u>A</u> : <u>950</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

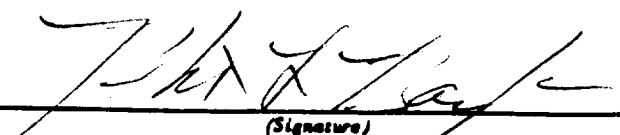
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1702, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 8900, Salt Lake City, UT 84108-0900					
If well produces oil or liquids, give location of tanks. 1)	Unit A	Sec. 22	Twp. 30N	Rge. 14W	Is gas actually connected? no	When appx. 5/1/85

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

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)
Operator
(Title)
3/15/85
(Date)

OIL CONSERVATION DIVISION
3-26-85
APPROVED
MAR 26 1985
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT III

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	X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
------------------------------------	--	----------	----------	---	----------	----------	--------	-----------	-------------	--------------

1/21/85	Date Spudded	3/6/85	Date Compl. Ready to Prod.	6139'	Total Depth	P.B.T.D.	6139'
5681' RKB	Elevations (D.F., RKB, RT, CR, etc.)	Dakota	Name of Producing Formation	5912'	Top Oil/Gas Pay	5941'	Tubing Depth
5912-5923; 5932-5938; 5943-5947; 5998-6022; 6030-6051.							
Perforations							
Depth Casing Shoe 6183'							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	3066 (AOF:3279)	Length of Test	3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate	Actual Prod. Test - MCF/D	3066 (AOF:3279)
Testing Method (Plot, back pr.)	back pressure	Tubing Pressure (Shut-In)	1880	Casing Pressure (Shut-In)	1880	Choke Size	.750