

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION 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):
 AUG 21 1985
 OIL CON. DIV.
 DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hoover	Well No. #1	Pool Name, including Formation Basin Dakota <i>Stanger Hill</i> <i>S.N.P.C.</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM 25857
Location Unit Letter <u>A</u> : <u>860'</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> 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"/> Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, 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) P.O. Box 8900, Salt Lake City, UT 84108-0900			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	Twp. 30N	Rge. 14W
	Is gas actually connected?		When	
	no		ASAP	

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.

Robert L. Bayless

(Signature)

Operator

(Title)

8-20-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

FEB - 6, 1986

BY _____

Original Signed by FRANK T. CHAVEZ

TITLE _____

SUPERVISOR DISTRICT #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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-15-85	Date Compl. Ready to Prod. 7-31-85	Total Depth 6150'			P.B.T.D. 1327'				
Elevations (DF, RKB, RT, GR, etc.) 5664' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 846'			Tubing Depth ---				
Perforations 846'-862' 1223'-1236' 1254'-1259'						Depth Casing Shoe 1367'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8-5/8"		225'		120 sx Class B			
7-7/8"		2-7/8"		1367'		180 sx 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 222	Length of Test 3 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) --	Casing Pressure (Shut-In) 175	Choke Size 3/4"