

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Robert L. Bayless		Well API No.
Address P.O. Box 168, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Effective 7-1-90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Lease Name Roosevelt		1	Basin Dakota		NM20314
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>30N</u> Range <u>14W</u> , <u>NMPM</u> , <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Gary Williams Energy Corp.	P.O. Box 159, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) P.O. Box 168, Farmington NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>22</u> Twp. <u>30N</u> Rge. <u>14W</u>	Is gas actually connected? yes	When? 8/28/87
If this production is commingled with that from any other lease or pool, give commingling order number:			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Performances				Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL		Bbls. Condensate/MMCF	
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.	
Signature Robert L. Bayless	Operator
Printed Name 6/22/90	Title 505/326-2659
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	JUL 2 1990
By	Supervisor
SUPERVISOR DISTRICT # 3	
Title	

- 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.

100-443887-100

Activity	Sedentary (n=10)	Low active (n=10)	High active (n=10)
Sleeping	40%	35%	30%
Sitting	40%	35%	30%
Standing	10%	15%	15%
Walking	5%	10%	15%
Running	5%	5%	10%

1. *Pharmaceutical industry*—United States—History. I. Title. II. Series.