

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

\*\*\*\*\*AMENDED\*\*\*\*\*

Form C-104  
Revised 10-01-78  
Format 08-01-83  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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)  
Previous Owner: Ainslie Perrault

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mobil Rudman</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>SF-078521</u>
Location Unit Letter <u>D</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>25 North</u> Range <u>9 West</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"/> <u>Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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)  
April 15, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 16 1987  
BY Frank J. Quigley  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled 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.