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Appropriate District Office
DISTRICT | 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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Robert L. Bayless 30-045-11917 Address P.O. Box 168, Farmington, NM 87499
Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas □ Oil Effective 4/1/89 Change in Operator Casinghead Gas X Condensate 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 Lease No. Navajo Tribal "P" Tocito Dome Penn. "D" State, Federal or Fee 14-20-603-5033 Location Navajo Feet From The south Line and 660 Feet From The east Line 8 Township Range 18W 26N San Juan NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Meridian Oil Trading P.O. Box 4289, Farmington, NM 87499-4289 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) \mathbf{X} or Dry Gas ____ Robert L. Bayless P.O. Box 168, Farmington, NM 87499 If well produces oil or liquids, Unit Twp. Sec. Rge. Is gas actually connected? When? give location of tanks. l A 20 | 26N | 18W 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 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 Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Leagth of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bhls APR 3 - 1989 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCP COMINDIVERSE

Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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 Bayless Operator

Proted Name 505/326-2659 Date

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.

Date Approved,

Title_

APR 03 1389

SUPERVISION DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.