

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 10-01-83
Page 1

Operator Robert L. Bayless	
Address P.O. Box 168, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Effective Date: 12/10/87
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name Morton	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-26357
Location Unit Letter <u>I</u> : <u>1810</u> Feet From The <u>South</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

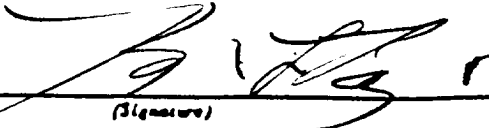
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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.


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)
12/11/87
(Date)

OIL CONSERVATION DIVISION

DEC 15 1987

APPROVED _____
BY 
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.