

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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S.O.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
REGISTRATION 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  
Formal 08-01-83  
Page 1  
**RECEIVED**  
JAN 14 1986  
OIL CON. DIV.  
DIST. 3

Name of Operator Robert L. Bayless	
Address P.O. Box 168, Farmington, Nm 87499	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/> Correct test previously reported	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> reported	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
Change in Ownership <input type="checkbox"/>	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Other (Please explain)	
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Well Name Natani	Well No. #18	Pool Name, including Formation Rusty Chacra	Kind of Lease State, Federal or Fee	Navajo Allottee	Lease No. NOO-C-5758
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>East</u>					
Line of Section <u>4</u> Township <u>21 North</u> Range <u>6 West</u> , NMPM. <u>Sandoval</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

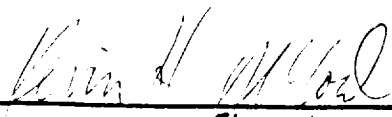
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation		P.O. Box 8900, Salt Lake City, UT 84108-0900
Well produces oil or liquids, location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When
NO		ASAP

If 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)  
Petroleum Engineer  
(Title)  
1-13-86  
(Date)

OIL CONSERVATION DIVISION

JAN 14 1986  
APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
SUPERVISOR DISTRICT #

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.