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OIL CON. DIV.  
DIST. 3

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

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

I. Operator  
Robert L. Bayless

Address  
P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  Effective Date: 12/10/87	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 118 B	Well No. 1	Pool Name, including Formation Sleeper Pic. Cliffs	Kind of Lease Jicarilla State, Federal or Fee Tribal	Lease No. Cont. 118
Location Unit Letter <u>H</u> : <u>1990</u> Feet From The <u>North</u> Line and <u>470</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>26N</u> Range <u>3W</u> , NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

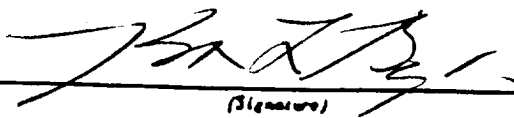
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

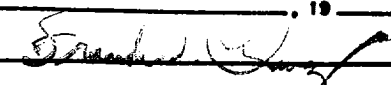
NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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 \_\_\_\_\_, 19\_\_\_\_  
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 allow-  
able 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.