

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
DEC 20 1984

OIL CON. DIV.  
DIST. 3

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

Other (Please explain)  
Well Name/Martin Florance #13 and number

☐ Dry Gas  
☐ Condensate

If change of ownership give name and address of previous owner  
Cenergy Exploration Co., 10210 N. Central Expressway, Suite 500  
Dallas, TX 75231

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 362 GD	Well No. #3	Pool Name, including Formation Lindrith Gallu-Dakota South	Kind of Lease State, Federal or Fee Jicarilla	Lease No. #362
Location Unit Letter <u>A</u> : <u>880</u> Feet From The <u>North</u> Line and <u>680</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>23 North</u> Range <u>4 West</u> , NMPM, <u>Rio Arriba</u> 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., Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 555 17th Street, Denver, CO 80202
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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 <u>A</u> Sec. <u>8</u> Twp. <u>23N</u> Rge. <u>4W</u>	Is gas actually connected? <input type="checkbox"/> 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)  
12-19-84  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 20 1984, 19  
BY Frank J. [Signature]  
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.