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 Appropriate District Office
DISTRICT I
 P.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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Robert L. Bayless	Well API No. 30-045-21746
Address P.O. Box 168, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 4/1/89
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "P"	Well No. 7	Pool Name, including Formation Tocito Dome Penn. "D"	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-5033
Location Navajo				
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line				
Section <u>8</u> Township <u>26N</u> Range <u>18W</u> , <u>NMPM</u> , 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"/> Meridian Oil Trading	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499-4289			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Robert L. Bayless	Address (Give address to which approved copy of this form is to be sent) P.O. Box 168, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 26N	Rge. 18W
	Is gas actually connected? yes		When ?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV.
Testing Method (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	ONE SIZE

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Robert L. Bayless Operator
 Printed Name _____ Title _____
 Date _____ Telephone No. 505/326-2659

OIL CONSERVATION DIVISION

APR 03 1989

Date Approved _____
 By Ernest J. Shantz
 Title _____
 SUPERVISION DISTRICT # 3

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