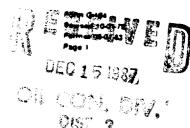
## STATE OF NEW MEXICO ENERGY - MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE, NEW MEXICO 87501



## REQUEST FOR ALLOWABLE

PROMATION OFFICE	A			AND	_		G. 434.	* <u>*</u>
<del></del>	AUTHOR	IZATION T	U TRAN	ISPORT OI	L AND NATU	IRAL GAS		
Operator		<del></del>		<del></del>	<del> </del>			
Robert L. Bayless								_,
Address				<del></del>	<del></del>			<b></b>
P.O. Box 168, Farm	ington. Ni	1 87499						
Reeson(s) for filing (Check proper box	u	1 0/4//			10th 101			
New Well	_	<b>O</b>			Other (Please	r tepiain)		
- Recognistion	X ou	Change in Transporter of:			Effective Date: 12/10/87			
Change in Consenting	<b>—</b>		=					
		gheed Gas	<u></u>	Condensate				
f change of ownership give name								
nd address of previous owner								
								<del></del>
I. DESCRIPTION OF WELL AN								
Parent Laure	1 1	Pool Name, i				Kind of Lease	· · · · · · · · · · · · · · · · · · ·	Lesse He.
Coolidge Com	1	Basin	Dakot	a		State, Federal or Fe	<ul><li>Federal</li></ul>	NM15272
Location		•						<del></del>
Unit Letter A 950	D Free Frame	The	Nort	h	1190	_ Feet From The	East	į
						_ Last Light 199	· · · · · · · · · · · · · · · · · · ·	<del></del> [
Line of Section 22 Tow	nohip 30N	я	ange	14W	, NMPM,	San	Juan	County
Conoco, Inc.  Game of Authorized Transporter of Cities of Authorized Transporter of Casi	_	or Dry Gar	• 🗆	P.O.	Box 1429	which approved cop, Bloomfield which approved cop	, NM 87413	
	_		_	1			, ., ,	,
, and become all at Harres'	Unit , Sec.	Twp.	Rge.	la gas oct	matth counsciss	17 When		
ive location of tants.		1	•			. !		
this production is commingled with	that from any	other lease	or pool.	rive comm	neline order	number	<del></del> -	
				give comm.	inging order			
OTE: Complete Parts IV and V	on reverse side	r if necessar	<i>r</i> y.					
. CERTIFICATE OF COMPLIAN	~			1	01. 00	NCCOMPTON.	·	
CERTIFICATE OF COMPLIAN	Œ			ŀ	טוג כט	NSERVATION (	DIVISION	4 5 100
rreby certify that the rules and regulation	of the Oil Conse	rvation Divisi	ion have	APPRO	VED		עבו	1 5 198
n complied with and that the information	given is true and o	omplete to the	e best of		* C.D			•———
knowledge and belief.			ı	BY				
			- 1	1		Draw	SUPERVISOR	TOUSTRICT E 3
/ 1/	7	_		TITLE.				0
/WX	[5] /		l l	This	form is to b	e filed in complian		·
-	-uz			If th	le le e recue	et (or ellemaple (or	ica mich MAFS I	164,
Signatur	•1			WOLL COL	o toles musice	T ACCOMPAGING No.	a tabulantaa af s	or deependd
Operato	r		- 11	10018 184		Li La secordance w	IID AULE 111.	
(Tule)			—	All	ections of th	is form must be fill apleted wells.	ied out complete	y for allow-
12/11/87	7		- 11			mbrased metter		
(Dese)	<del></del>	<del></del>	- //	FUI	eut enty 3ec	tions L II, III, en	4 VI for change	e of owner.

Separate Forms C-104 must be filed for each pool in multiply completed wells.