			/
NO. OF COPIES SECEIVED			
DISTRIBUTION	NEW MEXICO OIL, CO	INSERVATION COMMISSION	Form C-104
SANTAFE		OR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER OIL			
GAS / i			
OPERATOR 2			
PRORATION OFFICE			
perator			
Conoco Inc.			
Autress P. O. Roy, A60, 1	Uahha Vari Varias 992/	0	
Reason(s) for thing (Check proper box)	Hobbs, New Mexico 8824	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	CII Dry Gas	Change of corporate	
Change in Ownershipi	Castnanead Gas Condens	= oonementar our oon	pany errective
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND LE	CASE		
Lease Name	Well No. Hool Name, Including Fo	1	- THOIAN (-38
AXI Apache H	3 Ballard Pich	shed (liffs State, Federal or i	E TNOIAN C-38
Location P GGA		agn	F
Unit Letter ; 970	Feet From TheLine	andFeet From The _	<u> </u>
32	20-1	5-W, NMPM, Rio Arr	County
Line of Section Comms	hip 997 Range	5 W, NMPM, RIB 191	County
I DESIGNATION OF TRANSPORTE	D OF OH AND NATURAL CAS		
I. DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Cil		Address (Give address to which approved o	opy of this form is to be sent,
	<u> </u>		
Name of Authorized Transporter of Casin:	nedd Gas or Dry Gas 🛃	Address (Give address to which approved of	copy of this form is to be sent;
1001	Now Mexico	FIRST INTERNATIONAL B	COG. 7-170
Gas Company 03	init Sec. Twp. Bge.	Izoi Elm St. Dall Is as actually connected? When	92 18x92 12410
If well produces oil or liquids/	1	is gas assess, assess	
<u> </u>			
If this production is commingled with	that from any other lease or pool, a	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen Pi	ug Back - Same Hesty, Ditt. Resty
Designate Type of Completion	-(X)		
Date Spudges 12	Cate Compl. Reday to Prod.	Tota, Depth P.	5.T.C.
Elevations (DF, RKB, RT, GR, etc.,	lame of Producing Formation	Top Cil/Gas Pay	iping Depth
Perforations		De	epth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR	RALLOWABLE (Test must be af	ter recovery of total volume of load oil and	must be equal to or exceed top allow
OIL WELL	able for this de	pih or be for full 24 hours)	
	Cate of Test	Producing Method (Flow, pump, gas lift, e	tc.j
Length of Test	Subing Pressure	Casing Pressure C	hoke Size
Actual Prod. During Test	OH-Bble.	Water-Bbis. G	ds - MOF
GAS WELL			
		Bhis. Condensate AWCE	rewity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF G	ravity of Condensate
	Length of Test Tubing Pressure (Shut-in)		ravity of Condensate
		Cosing Pressure (Shut-in) C	hore gize
Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Cosing Pressure (Shut-in) C	hore gize
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in) C	ON COMMESION
Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIANCE L hereby certify that the rules and re	Explantions of the Oil Conservation	Cosing Pressure (Shut-in) C	ON COMMESION
Testing Method (pitot, back pr.)	E gulations of the Oil Conservation th and that the information given	Cosing Pressure (Shut-in) C	ON COMMISSION FRANK T. CHAVEZ 19

TITLE .

Manager

(Tille) 11-75

Division

NMOCD (5) Aztec

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.

This form is to be filed in compliance with RULE 1104.

Senarate Forms C-104 must be filed for each pool in multiply

