	NO. OF COPIES RECEIVED	NEW MEYICO OIL CO	CNSERVATION COMMISSION	
. F	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	19111 6 164		
The state of the s	PRORATION OFFICE Conoco Inc. Astress P.O. Box 460, Reason(s) for filing (Check proper box) New Well Recompletion Change in Cwnership	Hobbs, New Mexico 8824 Change in Transporter of: Cil Dry Gas Castnahead Gas Conden	Other (Please explain) Change of corpora Continental Oil C	
	If change of ownership give name and address of previous owner			
11.		Veri No. Foot Name, Including Fo		
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil Couoco Tuc Name of Authorized Transporter of Cas Gas Company of If well produces oil or liquids, give location of tanks.		Azzress (Give address to which approve 555 1746 St. Den Azzress (Give address to which approve	NET CO ed copy of this form is to be sent, Mas TX
	If this production is commingled wit COMPLETION DATA Designate Type of Completion Date Spusded	h that from any other lease or pool,	New Well Workover Deepen Total Depth	Plug Back Same Resfy. Dist. Resfy. P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.		DR ALLOWABLE (Test must be a)	ter recovery of socal volume of load oil a psh or be for full 24 hours)	nd must be equal to or exceed top allow.
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	Length of Test	Tubing Pressure	Casing Presewe	Cheke Size
	Actual Prod. During Test	O1: - 3bis.	Water - Bb.s,	Gas-MCF
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate 100 10 3
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
VI.	I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYSUPERVISOR DISTRICT # 3	
Division Manager		atwe)	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable for the sections of this form must be filled out completely for allowable filled.	

(Title) //- 7 5 (Date)

FILE

MMOCD (5) Aztec

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 transporten or other such change of condition.

Separate Forms C-164 must be filed for each pool in multiply completed wells.