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DISTRIBUTION	NEW MEXICO OUL CO	DISERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	, KEGOLSI I	AND	Effective 1-1-55
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U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS
LAND OFFICE			
I RANSPORTER OIL	!		
GAS			
OPERATOR 3			
	1		
1. PRORATION OFFICE	<u> </u>		
Operator			
Conoco Inc.			
Astress			
1	. Hobbs. New Mexico 8824	0	
	'		
Reasonist for filing (Check proper box)	<i>'</i>	Other (Please explain)	
New Well	Change in Transporter of:	Change of corpora	te name from
Recompletion	Cil Dry Gas	Continental Oil C	Company effective
	Casinghead Gas Conden		ompany or rooters
Thange in Cwnership	Castridaeda Gas Conden	July 1, 1979.	
		Dulling will	
If change of ownership give name		Name C	being & only
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE Keil No.; Feel Name, Including Fo	rmation Kina of Lease	
Lease Name			cr Fee Indian C-151
AXI Apache K	6-A Blanco Mesa	Verde (Gas) State, Federal	cr ree - L-/3/
Location			
	92	1750	. <i>E</i>
Unit Letter D; 10	90 Feet From The 5 Line	e and/ / ~~ Feet From T	ne
	/		A
Line of Section 9 Tov	waship $26-N$ Range	5-W, NMPM, RID	Arriba County
	non on our axin viaminat or	5	
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed conv. of this form is to be sent)
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent,
[:			
Name or Authorized Transporter of Cas	singness Gas or Dry Gas Z.	Address (Give address to which approve	ed copy of this form is to be sent)
1		10 101 54 1	11 . 7 . 7577.
Gas Co. of New 1	Mexico	1201 Elm St., Do	Mas, Texas 75270
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? When	n.
give location of tanks.	The state of the s		
	<u></u>		
If this production is administed with	th that from any other lease or pool,	give commingling order number:	
		· · · · · · · · · · · · · · · · · · ·	
			File Factor Dut Factor
IV. COMPLETION DATA	Cl: Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diit. Resty,
	Cl: Well Gas Well		Plug Eack Same Restv. Ditt. Restv.
IV. COMPLETION DATA Designate Type of Completion	on = (X) Cir Well Gas Well		Plug Edox Same Restv. Dirt. Restv.
IV. COMPLETION DATA	Cl: Well Gas Well	New Well Workover Deepen	
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Division Manager

NMOCD (5) Aztec

(Title) //-75 (Date)

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