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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISS.
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

I. PROPRATION OFFICE

PROPRITOR
 Conoco Inc.

Address
 P.O. Box 460, Hobbs, New Mexico 88240

Reasons for filing (check boxes) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Change of corporate name from Continental Oil Company effective July 1, 1979.

Recompletion Change in Transporter of: Gashead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Bty 2 Well No. 12 Pool Name, including Ferration Maljamar (9-SA) Kind of Lease State, Federal or Fee Lease No. B-155-5

Location
 Unit Letter N 330 Feet From The South Line and 2310 Feet From The West

Line of Section 16 Township 17-5 Range 32-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent, Texas-New Mexico Pipeline Box 1510 Midland, Texas

Name of Authorized Transporter of Gashead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent, Conoco Inc. Maljamar Gasline Plant #60, Box 1206, Maljamar, N.M.

If well produces oil or liquids, give location of tanks. E 16 17 32 Is gas actually connected? yes When 5-21-62

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 Rest'n.	Diff. Rest'n.
Date Spudded	Date Comp., Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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 Tanks	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	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

J. J. Monson
 (Signature)
 Division Manager
 (Title)

JUL 25 1979

NMOCD (5) MCA, Full
 (4)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1979
 BY [Signature]
 TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.
 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.