NO. OF COPIES RECEIVED	Ā		
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-55
FILE		AND SECOND OF AND MATHRAL C	. A S
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	,,,,,
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Conoco Inc.			
Address			
P.O. Box 460,	Hobbs, New Mexico 8824	Other (Please explain)	
Reason(s) for tiling (Check proper box)		Change of corpor	ata name from
New Well	Change in Transporter of:  Dry Gas	Continental Oil	Company effective
Recompletion	— · · · · — —		oompan, ozzobe
Change in Cwnersnipi	Casinghead Gas Conden	July 1, 1979.	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE. [Ne.: No.: Foo: Name, including Fo	ormation Kind of Leas	Lease No.
Lease Name	3 Monument B		1 cr Fee 4 C 0 3 1 6 2
Britt A-6		1	. /
Location	/O Feet From The 5 Lin	e and GG Feet From	The
Unit Letter			
6 To	waship 20 - S Range	37-€, MMPM, L	ea County
Line of Section & iss			
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to Little app	(
Attentic Richfi	iela Co. McCold	Midland Jega	oved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to writer opposit	
	Two. Age.	Is gas actually connected?	hen
If well produces oil or liquids,	Unit   Sec. Twp. Hige.	13 943 461241, 11	
large location of tarks.		in the gorder number	
If this production is commingled w	ith that from any other lease or pool,	give comminging order number.	Plug Book - Same Resty, Diff, Rest
COMPLETION DATA	Oli Well Gas Well	Naw Well Worksver Deepen	TOTAL DAMA STOP MASTER LINE DESCRIPTION
	O11	New Well Workover Deepen	P.ud Back Same Has h
Designate Type of Completi	O11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i :
Designate Type of Completi	O11	New Well Workever Deepen. Total Depth	P.B.T.D.
	On - (X)  Date Comp., Ready to From.	Total Depth	P.B.T.D.
Designate Type of Completi	Date Comp., Ready to Prod.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i :
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Designate Type of Completi	Date Comp., Ready to Prod.	Total Depth	P.B.T.D. Tubing Septn
Designate Type of Completi  Date Spudged  Elevations (DF, RKB, RT, GR, etc.,	On — (X)  Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Septn
Designate Type of Completi  Date Spudged  Elevations (DF, RKB, RT, GR, etc.,	On — (X)  Date Comp Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN	Total Depth	P.B.T.D. Tubing Septn
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If Manuasar (Signature) Division Manager (Title) 6-8-79 (Date)

NMOCD (5)

USGS (2) NMFU (4) FILE

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.