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NO. OF COPIES PECEIVED DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION	Form C-104 Supersedes Ola C-104 and C-110 Effective 1-1-55	
FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO T	AND RANSPORT OIL AND NATURAL (
Conoco Inc.	1			
Address P.O. Box 460	, Hobbs, New Mexico 8	3240		
Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of:	Other (Please explain) Change of corpor Continental Oil July 1, 1979.	rate name from Company effective	
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL AND	Well No.; Pool Name, Includin		; -	
Jiarilla 30	3 Lindreth Ga	Nup-Dakota, West State, Federa	of the Indian C-41	
Unit Letter 3; 185	SO Feet From The S			
Line of Section 32 To	waship 75% Range	4W, NMPM, Ri	oArriba County	
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cal Suell (Oil Co. Name of Authorized Transporter of Cal ELPSO Natura If well produces oil or liquids, give location of tanks. If this production is commingled with the commingle of the commingl	or Condensate singhed Gas or Dry Gas Co. Unit Sec. Twp. Rige.	Address (Give address to which appropriate to M. N. Address (Give address to which appropriate to M. N.	Need copy of this form is to be sent)	
Designate Type of Completi	on - (X)	I New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks		be after recovery of total volume of load oil is depth or be for full 24 hours) Producing Method (Flow, pump, gas l		
Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure Choke Size	
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas MON	
			JUN 19 1979	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cont Mare Civi.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke See	

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.

(Signature)

Division Manager

(Title) (Date) NMOCD (5) Aztec

OIL CONSERVATION COMMISSION

JUN 1 9 1979

APPROVED

Original Signed by FRANK T CHAVEZ BY_

DEPUTY OIL & CAD BAD

TITLE .

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