DISTRIBUTION SANTA FE	1	CNSERVATION COMMISSION FOR ALLOWABLE	Form C=104 Supersedes Old C=164 and C=116 Effective 1=1=65
FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS / OPERATOR Z	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GA	
Conoco Inc.	0, Hobbs, New Mexico 8824	Other (Please explain) Change of corpora Continental Oil Co	
If change of ownership give name and address of previous owner			
	Well No.; Pool Name, Including Fo	tured Cliffs. State, Federal of	W
	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Company of I if well produces oil or liquids, give location of tanks.	Pew Meyico Unit Sec. Twp. Ege.	Address (Give address to which approved Address (Give address to which approved 1201 EIM St. Dallass 18 gas actually connected? When	d copy of this form is to be sent)
If this production is commingled to COMPLETION DATA Designate Type of Complete	with that from any other lease or pool, $\frac{\text{Cil Well}}{\text{tion} - (X)} = \frac{\text{Gas Well}}{\text{I}}$		Plug Boox Same Restv. Citt. Restv.
Date Spuaded	Date Compi. Reday to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation		Tubing Depth Depth Casing Snoe
Periorations			Depth daying bloc
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil an pth or be for full 24 hours)	d must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size
Actual Prod. During Test	C11 - Bbls.	Water-Bbls.	Gas-yCFALLILIE
GAS WELL			OIL CC
Actual Prod. Test+MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbis. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Congeneate
L CERTIFICATE OF COMPLIA			TION COMMISSION
I hereby certify that the rules an	nd regulations of the Oil Conservation	JUN .	1 9 1979
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		DEPUTY OIL & SAS EXSPECTOR, DIST. #3	
ANN.	T KANDAR	TITLE This form is to be filed in co	impliance with RULE 1104.

(Signature)

(Title)

(Date)

Division Manager

FILE

NMOCD (5) Aztec

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.