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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
 Supersedes OIL C-104 and C
 Effective 1-1-85

I. OPERATOR

Operator: CONOCO INC.

Address: P. O. Box 460, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas TO correct authorized

Incompletion Oil Dry Gas Transporter of oil

Change in Ownership Completed Gas Transporter

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: MCA Batt 3 Well No. & Name, including identification: 73 Maljamar G-SA Kind of Lease: Leasehold Lease No.: LC-029509(B)

Location: Unit Letter K : 1980 Feet From The S Line in 1980 Feet From The W Line of Section 23 22 Township 17-S Range 32-E LEA County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Navajo Refining Company or Government Address (Give address to which approved copy of this form is to be sent): Cortesia, New Mexico

Name of Authorized Transporter of Completed Gas: or Dry Gas Address (Give address to which approved copy of this form is to be sent): Conoco Inc. 69501st Plant No. 60 P.O. Box 1206, Maljamar, NM

If well produces oil or liquids, give location of tanks: Unit C Sec. 27 Twp. 17S Rge. 32E Is gas actually connected? Yes What? N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Prod.	Gas Prod.	New Well	Recover	Deepen	Plug Back	Side Reelv.	Ent. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.V.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Tray	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.

John R. Anderson
 (Signature)
 Administrative Supervisor
 (Title)
 NOV 20 1979
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Orig

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 deviated 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 ownership.
 Separate Forms C-104 must be filed for each pool in multiphase completed wells.

NMOC (S) 4505 (2) Part 19 (19) file