•	DISTRIBUTION	—	ENSERVATION COMMISSION	Form C-134 Supersedes Old C-104 and C-110 Effective 1-1-55
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Ι.	IRANSPORTER GAS	Ø		
	Conoco Inc.			
	Address P.O. Box 460, Hobbs, New Mexico 33240 Reason(s) for thing (Check proper bux) Other (Please explain)			
	New Well Becompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinahead Gas Conder		ate name from Company effective
	If change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND LEASE			
	Euront Hardy Unit 28 Euront Vates TEurs Queen State, Federal or Fee fatented			
	/	00_Feet From The_ <u>N_</u> Lin	e and <u>1980</u> Feel From 7 27-E , NMEM, L	The
ш.	DESIGNATION OF TRANSPORT			
	Name of Althonized Transporter of Cili or Condensate Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas dotually connected? (When give location of tanks.			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back - Same Res'v, Diff. Res'v,
	Date Spudded	Date Compi. 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			
	HOLESIZE	TUBING, CASING, AND	D CEMENTING RECORD	SACKE CENENT
				SACKS CEMENT
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou. OIL WELL able for this depth or be for full 24 hours)			
	Date Fitst New Cil Run To Tanks Date of Test		Producing Mothod (Flow. pump, gas lift, etc.)	
	Longth of Teal	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod, During Test	Сіі-Эыв.	Water - Bbls.	Gaa - 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.		OIL CONSERVATION COMMISSION	
			APPROVEB JUL 12 1979 . 19	
	An		TITLE District Supervisor	
	Manasa		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or deepened	
	(Signature) Division Manager		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	(Tule) (11/29		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
•	NMOCD (5)		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other auch change of condition.	
	PARTNERS	FILE	Separate Forms C-104 must be filed for each pool in multiply completed weils.	

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