NO. OF COPIES RECEIVED			
SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE	Supersedes Uni C-104 and C-11; Ellective 1-1-55
U.S.G.S.		AND	
LAND OFFICE	- AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL GAS	
01			
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE			
Cperator			
Conoco Inc.			
Address			
P.O. Box 46	0, Hobbs, New Mexico 832		
Reason(s) for filing (Check proper bo	(xc	Other (Please explain)	
New Well	Change in Transporter of:	Change of corporate	
Recompletion			pany effective
Change in Ownership	Casinghead Gas Conde	ensate July 1, 1979.	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL ANI	D LEASE	Formation Kind of Lease	Ledse No.
Lease Name			
Miller BX	<u> </u>	G-SA State, redetal of F	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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Unit Letter ;	LO_Feet From TheL	Ine and Feet From The	L
14	Cownship 17 Range	32 NMEM (PA	County
Line of Section 7	Township Range	32 , NMFM, LEA	COLINY
H PERCENTANAN OF TRANSPO	PTTP OF OU AND NATURAL G	45	
II. DESIGNATION OF TRANSFO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Adress (Give address to which approved c	opy of this form is to be sent;
	in Pipeline Co.	Box 1510 Midland	Texas
Texas -New Mexi	Casinghead Gas K: or Dry Gas	Address (Give address to which approved c	opy of this form is to be sent)
Conoco Inc.		Box 460 Hobbs	N.M.
	Unit Sec. Twp. Ege.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.			
give location of tanks.	with that from only other lease or pool		
give location of tanks. If this production is commingled	with that from any other lease or pool		· · · · · · · · · · · · · · · · · · ·
give location of tarks. If this production is commingled IV. COMPLETION DATA	Oil Well Gas Well	, give commingling order number:	ug Back Same Resty. Diff. Resty.
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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 allow-able 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.

NMOCD (5)

(Signature)

Division Manager (Title)

-14-79

(Date)

USGS () NMFU(4)

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FILE