		- ,	
DISTRIBUTION			
SANTA FE	MEW MEXICO CIL CONSERVATION COMMISSION Form C-124		
FILE	REQUEST FOR ALLOWABLE Superseder 0/3 0-104 and 0-11 AND Elfoctive (-)-55		
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT CIL AND NATURAL	C 1 S
LAND OFFICE		AND ON TOTE AND NATURAL	GA3
TRANSPORTER DIL			
GAS			
OPERATOR :			
PROBATION OFFICE			
Specialor			
Conoco Inc	•		
	60, Hobbs, New Mexico 882	4.0	
Reason(s) for tiling (Check proper		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpo	rata nama Ema-
Recompletion	CII Dry G		Company effective
Change in Ownership	Sistrahead Gas Conde		company effective
If change of ownership give nam	e		
and address of previous owner_	OD LEAGE	· · · · · · · · · · · · · · · · · · ·	
I. DESCRIPTION OF WELL AN	ND LEASE Acti No. Pool Name, including F	ormation Kind of Cea	se
StateB	7. Maliamar	(G-SA) State, Feder	al or Fee B-2366=
Location		7.	100000
Unit Letter H ; 1	980 Feet From The N Lir	ne and 660 Feet From	The F
Line of Sestion 16		32-E , NMFM,	
Line of Section	, cwmsnib //-3 nange	26 L , MEM, (_taCounty
IL DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of		Andress (Give address to which appr	oved copy of this form is to be sent)
Navair Ketinin	u Company	North Freeman	Avenue Artesia N.M.
Name of Abshorized Transporter of	grainghead das Z or Dry Gas		oved copy of this form is to be sent;
Compro Inc.	•	Maliamar New	J Mexico
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? W	hen
give location of tanks.		<u> </u>	
	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res/v. Diff. Res/v.
Designate Type of Compi		1 1	
Date Spudged	Date Compi. Reday to Prod.	Total Depth	P.a.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth
Pertorations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
	P FOR ALLOWARDS		- 1
V. TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allow
Date First New Cil Run To Tunks		Preducing Method (Flow, pump, gas	lift, etc.j
		1	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		W. St.	
Actual Prod. During Test	Cil-Bala.	Water - Bbis.	Gda - MCF
	<u> </u>	<u> </u>	<u> </u>
C 4 C 11100000			
Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Hotal Float Fast-Mor/D			1
Testing Method (pirot, back pr.)	Tuning Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size
I. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATIOMCOMMISSION
	·		ATION COMMISSION
I hereby certify that the rules a	and regulations of the Oil Conservation	APPROVED	, 19
Commission have been compli-	ed with and that the information given	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	Witan
above is true and complete to	the best of my knowledge and belief.		1.
		TITLE District Sur	gervisor
J7731		This form is to be filed in	compliance with RULE 1104.
71 2 11 11 11 11 11 11 11 11 11 11 11 11	milla	If this is a request for all	owable for a newly drilled or deepene
(Signature)		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	

Division Manager

6 119 /79 (Date)

NMOCD (5) FILE

weil, 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 able on new and second

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.

RECEIVED

JUN 2 2 1979

OIL CONSERVA WIN COMME