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	DISTRIBUTION			RRECTED REPORT	
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C			
	FILE U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
	TRANSPORTER OIL				
	GAS OPERATOR				
1	PRORATION OFFICE				
••	Cperator				
	Conoco Inc.				
	P.O. Box 460, Hobbs, New Mexico 88240				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Change in Transporter of: Change of corporate name from Becompletion Oil Dry Gas Continental Oil Corporate name from				
	Change in Cwnership	Oil Dry Go Casinghead Gas Conde		l Company effective	
	L			· · · · · · · · · · · · · · · · · · ·	
	If change of ownership give name and address of previous owner		·		
11	DESCRIPTION OF WELL AND LEASE				
	ease Name Well No. Pool Name, Including Formation Kind of Lease Lease Lio.				
	MCA Unit (Bly	2 93 Maljamar E	State, Feder	al or Fee L(-029509(2)	
				1 )	
	Unit Letter 1				
	Line of Section 21 To	ownship 17-5 Range	3)-E, NMPM, 2	County	
	DECICY ATION OF TRANSPOR				
111.	Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)	
	Navajo Piseline	Company	N. Freeman Ave. A		
	Name of Autobrized Transporter of Co	isinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	$\frac{1}{15 \text{ gas actually connected?}} \frac{197.7}{1000000000000000000000000000000000000$	ouston, 1X	
	If well produces oil or liquids, give location of tanks.	D 28 17 32	ves	x/A	
		ith that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completi	on = (X)			
	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 Deptn	
	Periorations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	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 allow- able for this depth or be for full 24 hours)				
	OIL WELL Date First New Cil Run To Tanks	able for this de	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds - MCF	
	, nurve, prove parity rade				
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1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Plot. 1991 Mer/D				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ĺ					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
	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.		APPROVED, 19 BY TATLE District Supervisor		
	. Ann	$\sim -t$	•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.		
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-	(her	ature)			
	Division Mana				
	• ·	ile)			
	DEP 21	$\frac{179}{100}$			
1	$MOCD (5) USGS(2) \mathcal{P}_{1}$	artners (19), File	Separate Forms C-104 mus completed wells.	st be filed for each pool in multiply	
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