	τ.Ξ						
DISTRIBUTION	-	CONSERVATION COMMISSION	Form C-104				
SANTA FE	- REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Ellective 1-1-65				
FILE	ANTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GAS					
LAND OFFICE	-	ANSPORT OIL AND NATURAL GAS					
IRANSPORTER CIL	-						
GAS							
OPERATOR							
PRORATION OFFICE	:						
Conoco Inc.							
Address							
P.O. Box 460), Hobbs, New Mexico 882	.40					
Reasonis) for triing (Check proper bo	τ,	Other (Please explain)					
New Well	Change in Transporter of:	Change of corporat					
Recompletion	Cil Dry 3		mpany effective				
Change in Ownership	Casinghead Gas 🔄 Conde	July 1, 1979.					
If change of ownership give name and address of previous owner							
•							
Leise Name // (Veri Nor: Poor Mame, Including R	Formation // // Kina of Lease	Lease No.				
MCA Unit Stat	4 34 Dairas	20 9 5 A State, Federal or 1	Fee 4C-058698				
Location			· · · · · · · · · · · · · · · · · · ·				
Unit Letter F	051 Feet From The N	ine and Feet From The	ω				
		,					
Line of Section 23 T	ownship 175 Range	32E, MMPM, Lea	County				
	TER OF OUT AND MATURAL C	is shill					
Name of Authorized Transporter of C	TER OF OIL AND NATURAL G	Agaress (Gue/address to which approved of	copy of this form is to be sent;				
Name of Authorized Transporter of C	asingneed Gas or Cry Gas	Address (Give address to which approved a	copy of this form is to be sent)				
		<u>:</u>	· · · · · · · · · · · · · · · · · · ·				
If well produces oil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected? When					
give location of tanks.	· · · · · · · · · · · · · · · · · · ·	'					
	with that from any other lease or pool	, give commingling order number:					
COMPLETION DATA	Cil Well Gas Wel.	New Well Workover Deepen Pl	ug Back – Same Restri, Diii, Rest				
Designate Type of Complet	ion = (X)		,				
Date Spuased	Date Compi. Ready to Prod.	Total Depth P	.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil.'Gas Pay	uping Depth				
Periorations		D	epth Casing Shoe				
Ferrorations							
	TUBING, CASING, AI	ND CEMENTING RECORD					
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
		1	,,,,,,,,				
		<u> </u>					
	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load oil and depth or be for full 24 hours)	must be equal to or exceed top all				
OIL WELL Date First New OIL Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	ic.)				
Length of Teet	Tubing Pressure	Casing Pressure C	hoke Size				
		Water - Bble. G	as - MCF				
Actual Prod. During Test	Cil-Bbls.	water+ DD.B.					
l	1						
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF C	iravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVAT	UN 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 JUI 1 1 1979, 19 19 BY					
				That			npliance with RULE 1104.
				Till Moundson		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene	
				(Lenature)		well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.	
Division Mar		All sections of this form must	be filled out completely for alig				
(Title)		able on new and recompleted wells.					
		Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of conditio					
NMOCD (5) USES (D) DATE THERE'S FILE		Separate Forms C-104 must be filed for each pool in multip					

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