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V.

			_				ORR	RECTED REPORT	⊰ 1	
DISTRIBUTIO		i						- OILD KEFORI	:11	
SANTA FE	~			XICO OIL C			MISSION	Form C-104	•	
FILE			-	REQUEST		-OWABLE		Supersedes (Effective 1-	Old C-104 and C-11 1-65	
U.S.G.S.			AUTHORIZATIO	אם דר דר א	AND	011 4110	NIATUDAL A			
LAND OFFICE			AUTHORIZATIO	JN 10 IRA	MOPURI	UIL AND	NATURAL (AS		
IRANSPORTER	OIL GAS									
OPERATOR										
PRORATION OFF	CE									
	noco	Inc.								
			00, Hobbs, New Mexi	ico 8824	40					
Reason(s) for filing (Check proper box						e explain)				
New Well			Change in Transporter of:				rate name from			
Recompletion Change in Ownership			Oll Dry Gas Continental Oil Company effective					ctive		
				Conden	isdie	July 1	, 1979.	· · · · · · · · · · · · · · · · · · ·		
If change of ownersh and address of previ			,						· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF	WEL	L AN	D LEASE Well No. Pool Name	Ingluding E	ormation		Kind of Leas			
MCA Unit (Btu	μ_{\bullet}	IOT M.	omar G	1-24		State, Federa	100-	97(b)	
Location Unit Letter	0	. DC	Feet From The	S Lin	e and	795	Feet From	The E		
Line of Section)5		Township 17-5	Range 3	J- E	, NMPA	λ.	ec.	County	
DESIGNATION OF	TRA	NSPO	RTER OF OIL AND NA	TURAL GA	S					
Name of Authorized T		ter of	OII or Condensate		Address (A 1	ved copy of this form i	s to be sentj	
Name of Authorized T	_		Casinghead Gas or Dry	Gas	Address (tesia NM ved copy of this form i	s to be sent)	
CONOCO)	ac				BOX21	97,H	ouston,	TX	
If well produces oil or give location of tanks		3,	A 2C Twp.	7 32		ewally connect	ed? Wh	N/A		
If this production is COMPLETION DA		ngled	with that from any other lea	ase or pool,	give comm	ingling orde	r number:			
Designate Type	of Co	omple	tion = (X)	Gas Well	New Well	Workover	Deepen I	Plug Back Same A	Restv. Diff. Restv.	
Date Spudded			Date Compl. Ready to Pro	od.	Total Dep	th		P.B.T.D.		
Elevations (DF, RKB,	RT, GI	R, etc.	Name of Producing Forma	ition	Top Oil/C	as Pay		Tubing Depth		
Periorations		 			1			Depth Casing Shoe		
			TURING C	ASING, AND	CEMENT	ING RECO	2 n			
HOLE S	IZE		CASING & TUBIN		CEMENT	DEPTH S		SACKS CE	EMENT	
							- ·	- SACRE C.	LIII C 1	
							 			
	REQU	EST	FOR ALLOWABLE (T	est must be aj	fter recover	y of total voli	ime of load oil	and must be equal to o	r exceed top allow-	
OIL WELL Date First New Oil Run To Tanks Date of T			Date of Test	able for this depth or be for full 24 hours) Test Producing Method (Flow, pump, ga			 	ft, etc.)		
Length of Test	<u>.</u>	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test			Oil-Bbls.	Oll-Bbls.		ls.	= 0,- p	Gas-MCF		
	-				<u> </u>	-				
GAS WELL			11		Du =	A		Т.		
Actual Prod. Test-MCF/D			Length of Test		densate/MMC	F	Gravity of Condensate			
Testing Method (pitot, back pr.)			Tubing Pressure (Shut-i	Tubing Pressure (Shut-in)		essure (Shut	-in)	Choke Size		
CERTIFICATE OF COMPLIANCE						OIL CONSERVATION COMMISSION				

VI.

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.

ict Supervisor

Division Manager

SEP 2.1 1979

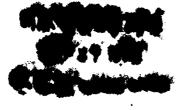
NMOCD (5) USGS (2) Partners (19), File

to be filed in compliance with RULE 1104. equest for allowable for a newly drilled or despended to be accompanied by a tabulation of the deviation all in accordance with RULE 111.

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.



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