	*-	No. of the same	
NO. OF COPIES RECEIVED		<b>A</b> .	
DISTRIBUTION	NEW MEXICO OU C	ONSERVATION COMMISSION	David Co. 10.
SANTA FE	i	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1.
FILE	i Regoldi	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS	;
LAND OFFICE		THE SET OF THE TAX TO THE ONE	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Conoco Inc.			
Address			
P.O. Box 460,	, Hobbs, New Mexico 8824	40	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpora	te name from
Recompletion	Oil Dry Go		
Change in Ownership	Casinghead Gas Conde	1 1 1	-
If change of currentia since and			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	I F 16F		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.
MCA Unit	202 Maliamar G	State, Federal or	FeeLC-0586
Location	TO-7 STENSI		
Unit Letter M : 60	O Feet From The	ne and Feet From The	$\omega$
Oint Letter	Teet . foil The		
01	10 -		
Line of Section 26 Tov	vnship (7-5 Range	32-E, NMPM, Lea	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	32-E, NMPM. Lea	County
	TER OF OIL AND NATURAL GA	32-E, NMPM, Lea	County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of OII  Novalio Pipeline	TER OF OIL AND NATURAL GA	32-E, NMPM, Lea As Address (Give address to which approved N. Freeman Ave. Arte	copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cili  Name of Authorized Transporter of Case Name of Authorized Transporter of Case	or Condensate	32-E, NMPM, Lea  Address (Give address to which approved  N. Freeman Ave. Arte  Address (Give address to which approved	copy of this form is to be sent)  SIZ XIM  copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Novatio Pipeline Name of Authorized Transporter of Cas  Continental Oil Co. (	or Condensate or Dry Gas or Dry Gas	32-E, NMPM, Lea  Address (Give address to which approved  N. Freeman Ave. Arte  Address (Give address to which approved	copy of this form is to be sent)  SIZ NM  copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cili  Name of Authorized Transporter of Case Name of Authorized Transporter of Case	or Condensate or Dry Gas or Doubling Plant No. 60	32-6, NMPM, Lea  S  Address (Give address to which approved  N. Freeman Ave. Arte  Address (Give address to which approved  P. D. Box 1206, Malis gas actually connected?  When	copy of this form is to be sent)  SIZ NM  copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cill Name of Authorized Transporter of Case Continents Oil Co. (If well produces oil or liquids, give location of tanks.)	or Condensate or Dry Gas or Dry Gas Unit Sec. Twp. Rge.	32-E, NMPM, Lea  S Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Mal  Is gas actually connected?  When	copy of this form is to be sent)  SIZ NM copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cill Name of Authorized Transporter of Case Continents Oil Co. (If well produces oil or liquids, give location of tanks.)	or Condensate or Dry Gas or Dry G	32-E, NMPM, Lea  As  Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malis agas actually connected?  When  yes  give commingling order number:	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  JAMAC, NM  N/A
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Name of Authorized Transporter of Cas  Continents Oil Co.  If well produces oil or liquids, give location of tanks.  If this production is commingled with	or Condensate or Company or Dry Gas or Dry G	32-E, NMPM, Lea  As  Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malis agas actually connected?  When  yes  give commingling order number:	copy of this form is to be sent)  SIZ NM copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Name of Authorized Transporter of Cas  Continents Oil Co. (  If well produces oil or liquids, give location of tanks.  If this production is commingled with  COMPLETION DATA	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malistantially connected?  When  yes  give commingling order number:	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  JAMAC, NM  N/A
DESIGNATION OF TRANSPORT Name of Authorized Transporter of City Name of Authorized Transporter of Case Name of Authorized Transporter of Case (Name of Authorized Tran	TER OF OIL AND NATURAL GA  or Condensate  or Dry Gas  innghead Gas  or Dry Gas  Unit   Sec.   Twp.   Rge.    A   26   175   326  th that from any other lease or pool,  on - (X)   Gas Well	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malis agas actually connected?  When  yes  give commingling order number:	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  NIA  Plug Back   Same Resty. Diff. Resty.
DESIGNATION OF TRANSPORT Name of Authorized Transporter of City Name of Authorized Transporter of Case Name of Authorized Transporter of Case (Name of Authorized Tran	TER OF OIL AND NATURAL GA  or Condensate  or Dry Gas  innghead Gas  or Dry Gas  Unit   Sec.   Twp.   Rge.    A   26   175   326  th that from any other lease or pool,  on - (X)   Gas Well	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved P.D. Box 1206, Malis gas actually connected?  When  VES  give commingling order number:  New Well Workover Deepen F  Total Depth  F	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  NIA  Plug Back   Same Resty. Diff. Resty.
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Continents Oil (6). (6). (7)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malistantially connected?  When  yes give commingling order number:  New Well Workover Deepen F  Total Depth F  Top Oil/Gas Pay T	County  Copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  N/A  Plug Back   Same Resty.   Diff. Resty.    P.B.T.D.
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Name of Authorized Transporter of Cas  Continental Oil Co. (  If well produces oil or liquids, give location of tanks,  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malistantially connected?  When  yes give commingling order number:  New Well Workover Deepen F  Total Depth F  Top Oil/Gas Pay T	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Continents Oil (6). (6). (7)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Mal  Is gas actually connected? When  yes give commingling order number:  New Well Workover Deepen F  Total Depth F	County  Copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  N/A  Plug Back   Same Resiv.   Diff. Resiv.
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a). (c)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,)  Perforations	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen F  Total Depth F  CEMENTING RECORD	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Fubing Depth  Depth Casing Shoe
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Continents Oil (6). (6). (7)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Mal  Is gas actually connected? When  yes give commingling order number:  New Well Workover Deepen F  Total Depth F	County  Copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty.   Diff. Resty.
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a). (c)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,)  Perforations	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen F  Total Depth F  CEMENTING RECORD	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Fubing Depth  Depth Casing Shoe
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a). (c)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,)  Perforations	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen F  Total Depth F  CEMENTING RECORD	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Fubing Depth  Depth Casing Shoe
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a). (c)  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudged  Elevations (DF, RKB, RT, GR, etc.,)  Perforations	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen F  Total Depth F  CEMENTING RECORD	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Fubing Depth  Depth Casing Shoe
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Marketia Pipelina  Name of Authorized Transporter of Cas  Continents Oil (o.	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen F  Total Depth F  CEMENTING RECORD	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Res'v. Diff. Res'v.  B.B.T.D.  Fubing Depth  SACKS CEMENT
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a).  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudged  Elevations (DF, RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL	or Condensate or Company stanghead Gas or Dry Gas or Dr	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Mal  Is gas actually connected? When  yes give commingling order number:  New Well Workover Deepen F  Total Depth F  Top Oil/Gas Pay T  DEPTH SET	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Publing Depth  Depth Casing Shoe  SACKS CEMENT
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Marketia Proclama  Name of Authorized Transporter of Cas  Continents Orl (co. (co. (co. (co. (co. (co. (co. (co.	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved P.D. Box 1206, Malifest address to which approved  Is gas actually connected? When  yes give commingling order number:  New Well Workover Deepen  Total Depth  For Oil/Gas Pay  Total Depth  DEPTH SET	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Publing Depth  Depth Casing Shoe  SACKS CEMENT
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Novicio Pipeline Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Continents Oil Co.  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic  Date Spudded  Elevations (DF, RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen  Total Depth  Top Oll/Gas Pay  Top Oll/Gas	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Publing Depth  Depth Casing Shoe  SACKS CEMENT  I must be equal to or exceed top allowetc.)
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cit  Name of Authorized Transporter of Cas  Continents Oil (a).  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudged  Elevations (DF, RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL	or Condensate or Company stanghead Gas or Dry Gas or Dr	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved  P.D. Box 1206, Malisa gas actually connected?  When  Ves  give commingling order number:  New Well Workover Deepen  Total Depth  Top Oll/Gas Pay  Top Oll/Gas	County  copy of this form is to be sent)  SIZ NM copy of his form is to be sent)  NA  Plug Back   Same Resty. Diff. Resty.  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  Novicio Pipeline Name of Authorized Transporter of Cil  Name of Authorized Transporter of Cas  Continents Oil Co.  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic  Date Spudded  Elevations (DF, RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	or Condensate or Company or Dry Gas or Dry G	Address (Give address to which approved  N. Freeman Ave. Arte Address (Give address to which approved P. D. Box 1206, Malis quas actually connected? When  Ves give commingling order number:  New Well Workover Deepen  Total Depth  Top Oll/Gas Pay  Top Oll/Gas Pay  Total Depth SET  DEPTH SET  Offer recovery of total volume of load oil and epth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, of Casing Pressure)	County  copy of this form is to be sent)  SIZ NM copy of this form is to be sent)  NA  Plug Back   Same Resty.   Diff. Resty.  P.B.T.D.  Publing Depth  Depth Casing Shoe  SACKS CEMENT  I must be equal to or exceed top allowetc.)

GAS WELL
Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size

## VI. CERTIFICATE OF COMPLIANCE

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.

NMOCD (5) FILE PARTNERS 6565 (2)

OIL CONSERVATION COMMISSION

Lease No. LC-05869

APPROV	VED JUL	\$ 1979	, 19
ву	cour les	tim	•
TITLE.	District Supe	rvisor	

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 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

OIL CONSERVATION COMM.