NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. TRANSPORTER OIL I.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104		(1	-	
Supersedes	Old	C-104	and	C-110

	GAS OPERATOR						
I.	PRORATION OFFICE Cperator						
	Conoco Inc.						
	P.O. Box 460.	Hobbs, New Mexico 8824	40				
	P.O. Box 460, Hobbs, New Mexico 88240 eason(s) for filing (Check proper box) Other (Please explain)						
	New Well Recompletion	Change in Transporter of: Change of corporate name from Oil Dry Gas Continental Oil Company of Factions					
	Change in Cwnership	Oil Dry Gas Continental Oil Company effective Castaghead Gas Condensate July 1, 1979.					
	If change of ownership give name and address of previous owner						
11.	I. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation MCA Unit Phys. J. State, Federal or Fee (058/CIC)						
	Line of Section 2C Township 7-5 Range 32-E, NMPM, Sec County						
II.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	.S				
	Name of Authorized Transporter of Cil	or Condensate		proved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	avaio Pireline Company N. Freeman Ave. Artesia NM Le of Authorized Transporter of Casinghead Gas are or Dry Gas Address (Give address to which approved copy of this form is to be se					
	CONO CO Inc.	Ma / anao Plant No. 60	P.O. Box 2/97//	Youston, TX			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ves	N/A			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:				
٠.	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		i	<u> </u>				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	oil and must be equal to or exceed top allow-			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MOF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION 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 OCT 23 1979, 19				
			BY Cres Aptin				
			TITLE District Supervisor				
	AMMARIA	e so	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.				
	(Figno	iture)					
Division Manager (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	SEP 21 197	9	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.				
1	NMOCD (5) USGS (2) Pa	"+ / · · · · · · · · ·		name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply pleted wells.			