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_	PRORATION OF							
I.	Cperator		1	<u> </u>				
	1	noco	Inc					
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	1	0 B	ov /	60	Hobbs,	Nova		
	Reason(s) for filing				110003,	Hew		
	_	C. Week	proper	001)	a	T		
	New Well	\vdash			•	e in Tra		
	Recompletion	\square			OII			
	Change in Ownershi	PĹ			Casin	ghead Go		
	If change of ownership give name							
	and address of pre-	vious o	wner.					
11.	DESCRIPTION OF WELL AND LEASE							
	Lease Name	1		_	weil:	Vo. 1900		
	MCA Unit	19	ly	1-3	- 112	$o M_{\tilde{c}}$		
	Location							
	Unit Letter	2	_:_	<i>ي</i> و)	O Feet	From Th		
	Line of Section	2=	7	Tow	nship	/7		
III.	DESIGNATION O	F TR	ANSF	ort	ER OF O	IL AN		
	I. DESIGNATION OF TRANSPORTER OF OIL AN Name of Authorized Transporter of Oil or Conde							
	Texas-/	دسطا	Me	LXIC	7			
	1 -		_	_		_		
	Continenta	10	10	<u> , </u>	BSOLIV	<u>etl</u>		

	DISTRIBUTION SANTA FE		ENSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	FILE !								
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS					
ļ	LAND OFFICE								
	TRANSPORTER GAS								
	OPERATOR								
I.	PRORATION OFFICE Cperator								
	Conoco Inc.								
	P.O. Box 460, Hobbs, New Mexico 88240								
	Other (Please explain)								
	ate name from								
	Company effective								
Change in Ownership Casinghead Gas Condensate July 1, 1979.									
	If change of ownership give name and address of previous owner								
П.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name	Weil No. Pool Name, Including Fo		Lease No.					
	MCA Unit Oly	3 120 Maljamar G	State, Federal	cr Fee 46 0572/					
	Location Unit Letter;(a (O Feet From The N Line	e andFeet From T	he					
	Line of Section 27 Tov	vaship /75 Range	32E, NMPM, Les	County					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	ad acres of this form is to be conti-					
	Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)						
	Texas-New Mexic	Singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
	1,10,110		P.O. Box 1206, Maljamar NM						
	COTTON OF THE PARTY OF THE PART	Junit Sec. Twp. Pige.	Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.	C 27 175 32E	NEC	NIA					
		<u> </u>	 						
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comminging order number.						
			New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completic			P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.U.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth					
	Perforations		1	Depth Casing Shoe					
		TUBING, CASING, AND CEMENTING RECORD							
			DEPTH SET	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	37013 02.112.11					
v.	TEST DATA AND REQUEST FOIL WELL	CST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
	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 - MCF					
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
			OU CONSERVA	TION COMMISSION					
VI.	CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		TION COMMISSION					
	nereby certify that the rules and regulations of the Oil Conservation		APPROVED						
	Commission have been complied to	with and that the information given	TITLE District Supervisor This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	above is true and complete to the	best of my knowledge and belief.							
	~ · · · · · · · · · · · · · · · · · · ·								
	1321								
	TTIIMous	alon							

Cro 103, 403 111 Division Manager (Title)

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NMOCD (5) USGS (2) PARTNERS FILE

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

JUN 1 5 1979
OIL CONSERVATION COMM.