NO. OF COPIES RECEIVED		CORRECTED REPORT	
DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-55
U.S.G.S. LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	
OPERATOR I. PRORATION OFFICE			
Cperator Conoco Inc Andress	•		
P.O. Box 4 Reason(s) for filing (Check proper	60, Hobbs, New Mexico 882	40 Other (Please explain)	
New Weil Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	Change of corporat Continental Oil Co	
If change of ownership give nam and address of previous owner_		-	
II. DESCRIPTION OF WELL AN	ND LEASE Well No.: Poer Name, Including F	formation Kina of Lease	Lease Xo.
MCA Unit By 3	118 Maljamar (G-SA State, Federal or	10
Unit Letter A ; 6	E From The	ne and Feet From The	E
Line of Section 38	Township 17.5 Range 3	37-E, NMPM, Leg	County
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS Address (Give address to which approved	convolthis form is to be sent
Texas-New Me	X10	Midland Texas	
Name of Authorized Transporter of	Casingneed Gas _ or Dry Gas _ Malianar Plant No. 60	Address (Give address to which approved P. D. Box 2197, Hoy	
If well produces oil or liquids, give location of tanks.	$\begin{array}{c} \text{UnN} \\ \text{UnN} \\ \text{Sec.} \\ \text{Twp.} \\ \text{Page.} \\ \text{Page.} \\ \text{Twp.} \\ \text{Twp.} \\ \text{Page.} \\ \text{Twp.} \\ \text{Twp.} \\ \text{Twp.} \\ \text{Page.} \\ \text{Twp.} \\ \text$	Is gas actually connected? When	NIA
	with that from any other lease or pool,	Y	
IV. COMPLETION DATA Designate Type of Compl	Oil Well Gas Well etion - (X)	New Well Workover Deepen Pl	lug Back Same Resty, Diff. Resty,
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 T	ubing Depth
Perforations		D	epth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load oil and epth or be for full 24 hours)	must be equal to or exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	sc.)
Length of Test	Tubing Pressure	Casing Pressure C	hoke Size
Actual Prod. During Teat	Oll-Bbls.	Water-Bols. G	as - MCF
GAS WELL	- -		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Ci	hoke Size
I. 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.		BY Cises lifting	
An 1		TITLE District Supervisor	
Manason		This form is to be filed in compliance with RULE 1104.	
(Ngnature)		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 testa taken on the well in accordance with RULE 111.	
Division Manager		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
$\frac{9 \cdot 2^{1-79}}{2^{2\alpha_{eq}}}$		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.	

9.21-79 NMOCD (5) USGS (2), Partners (19) F, le

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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