NO. OF	COPIES RECEIVED	• •							
	STRIBUTION		CNSERVATION COMMISSION	Form C-104					
	REQUEST		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-55					
			AND	·					
	OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	5					
TRANS	PORTER								
	GAS	1							
OPERA		1							
I. Cperator	ATION OFFICE	1							
	Conoco Inc.								
Address	P.O. Poy 460	Hobbs New Manies 2027	0						
Reasont	s) for filing (Check proper box	, Hobbs, New Mexico 8824	Other (Please explain)						
New Wel		Change in Transporter of:	Change of corpora	te name from					
Recompl	etion	Oil Dry Ga							
Change (in Cwnership	Casinghead Gas 🛄 Conden	Isate J July 1, 1979.						
	e of ownership give name ess of previous owner								
	IPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·						
Lease N MC	ame A Unit			r Fee 40-0572/					
Location		175 Maljamar G	37	44					
Unit	Letter:	80 Feet From The Lin	e and <u>(660</u> Feet From The	W					
Line	of Section 28 To	waship / Pange	32, NMPM, Le	a County					
	ATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	copy of this form is to be sent!					
	D .	7	N. Freeman Ave. Art	esia NM					
Name or	Autorized Transporter of Ca	Company singhead Gas Cor Dry Gas	Address (Give address to which approved	copy of this form is to be sent;					
Cont	mental OIL Co.	Gasoline Plant No. 60	P.D. Box 1206, Mal	iamar, NM					
	roduces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? When						
L	ation of tanks.	D 28 175 32E	<u> </u>	NIA					
		th that from any other lease or pool,	give commingling order number:	<u> </u>					
	ETION DATA	Otl Well Gas Well	New Well Workover Deepen I	Plug Back Same Restv. Diff. Restv.					
Des	ignate Type of Completio			I I					
Date Spy	udaed	Date Compi. Recay to Prod.	Total Depth	P.B.T.D.					
Elevatio	ns (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptn					
Perforat	Perforations Depth Casing Shoe								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
		i							
V TEST I	DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and	d must be equal to or exceed top allow:					
OIL WE		able for this de	pth or be for full 24 hours)						
Date Fit	rst New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)					
Length o	of Test	Tubing Pressure	Casing Pressure	Choke Size					
				-					
Actual F	Prod. During Test	Oll-Bbis.	Water-Bbis.	Gas-MCF					
		1							
.									
GAS WI	ELL Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing	Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
VI. CERTI	FICATE OF COMPLIAN	UL .	OIL CONSERVAT						
I hereby	certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19					
Commins	sion have been complied y	with and that the information given to best of my knowledge and belief.	BY CALL Refton						
The second			District Supervision						
	An1		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						
	Allam	Ro-							
	· (Fin								
Division Manager (Tule) 6-6-79 (Date)			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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.						
					NMOCD	(5)	RTDERS FILE	Separate Forms C-104 must 1	be filed for each pool in multiply
						USGS(2) TA	KINERS FILL	completed wells.	

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JUN 1 5 1979 OIL CONSERVATION COMM. HOBBS. N. M.