~		CORFECTED REPORT				
NO. OF COPIES RECEIVED						
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104			
SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
FILE U.S.G.S.		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE		NS ORT OIL AND NATURAL GAS				
TRANSPORTER OIL						
GAS						
OPERATOR PROBATION OFFICE	4					
Cperator						
Conoco Inc.						
P.O. Box 460	, Hobbs, New Mexico 8824	•0				
Reason(s) for filing (Check proper oo		Other (Please explain)				
New Well	Change in Transporter of:	Change of corporat				
Recompletion	Oil Dry Ga Casinghead Gas Conden		mpany effective			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	/ LEASE //ei. No.: Pool Name, Including Fo	crmation Kind of Lease	_easec.			
MCA Unit (Duy. 3	176 Maljamar G	State, Federal or	Fee LC 05 7210			
	φη <u>-</u>	1090	1.5			
Unit Letter : 19	Eeet From The Lin	e and <u>1980</u> Feet From The				
Line of Section 28 T	ownship 17-5 Bange	32-F, NMPM, Lea	County			
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Aidress (Give address to which approved	copy of this form is to be sent)			
Texas-New Mex						
Name of Authorized Transporter of C		Address (Give address to which approved	copy of this form is to be sent)			
CONOCO Inc.	Maljanar Plant Xto. 60	P. D. Box 219, Hour	stor, IX			
If well produces oil or liquids, give location of tanks.	$\begin{array}{c c} UnN & Sec. & Twp. & Bge. \\ \hline & 77 & 77 & 7 \\ \hline \end{array}$	Nec	NIA			
	with that from any other lease or pool,	1	_/ • [/ •			
IV. COMPLETION DATA			lug Back – Same Restv. Diff. Restv.			
Designate Type of Complet	ion = (X)	New Well Workover Deeper. P				
Date Spuddea	Date Comp., Ready to Prod.	Total Depth P	.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oil/Gas Pay	ubing Depth			
Perforations)epth Casing Shoe			
		D CEMENTING RECORD	SACKS CEMENT			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET				
			· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this due	ifter recovery of total volume of load oil and epth or be for full 24 hours)				
Date First New Oli Bun To Tanks	Date of Test	Froducing Method (Flow, pump, gas lift,	etc.)			
			Choke Size			
Length of Teet	Tubing Pressure	Casing Pressure				
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - NICF			
			······································			
' <u></u>						
GAS WELL Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Front Four Short / D						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		OIL CONSERVAT				
VI. CERTIFICATE OF COMPLIA	NCE	•				
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 0CT 23 979 . 19				
			BY ann litten			
		District Supervisor				
En1						
Hille and see		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
(Signature)		If this is a request for allowable for a having difference of a well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.				
Division Mar		All sections of this form must	All sections of this form must be filled out completely for allow-			
9-21-76	Ticle) G	able on new and recompleted wells.				
NMOCD (5) USGS (2), F	Lairy (in) Cl.	Separate Forms C-104 must be filed for each pool in multiply				
NMOCD (5) USGS(2), F	rithers(17), tile	Separate Forms C-104 must 1 completed wells.	be filed for each pool in multiply			

able on new and recompleted wells.					
Fill_out	t only Sections	L. H. III. and	1 VI for changes of a	sf swakr.	
well name or	r number, of trac	aporter, or oute	prisition change of a	Senastion.	