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	SANTA FE					
1.	FILE					
	U.S.G.S.				AUT	
	LAND OFFICE	AUT				
	TRANSPORTER	OIL	i			
		GAS	:			
	OPERATOR					
	PRORATION OFFICE					
	Cperator					
	Conoco Inc.					
	Address					
	P.O. Box 460, Hobbs,					
	Reason(s) for filing (Check proper box)					
	New Well	\Box			Change	
	Recompletion				011	
	Change in Cwnership	· 🗌			Casing	
	If change of owners and address of prev	ious ow	ner_			
Ι.	DESCRIPTION O	L A	ND L			
	Lease Name MCA Unit	1.			218	
	Location	11	11	1 /	^	
	1	IVI	•	111	/)	

1.	Reason(s) for filing (Check proper box, New We!! Recompletion Change in Cwnership If change of ownership give name	REGUEST AUTHORIZATION TO TRA Hobbs, New Mexico 8824	Other (Please explain) Change of corpo Continental Oil					
И.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name MCA Unit	218 Maljamar G	ormation Kind of Lease State, F <u>edera</u>	20400				
	Location M 66	·^	ne and 660 Feet From	(B)				
	Cint Zetter	Feet From TheLin						
	Line of Section 30 Tow	viship (7-3 Range	32-E, NMPM, L	County				
III.	Name of Authorized Transporter of Oil Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas Name of Authorized Transporter of Cas Continents Oil Co. (If well produces oil or liquids, give location of tanks.	or Condensate (N. Freeman Ave. Ar Address (Give address to which approx P. D. Box 1206, Mails gas actually connected?	tesia NM				
	If this production is commingled wit COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA						
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth				
	erforations			Depth Casing Shoe				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V.	EST 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 lif	(t, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choice Size				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF				
	GAS WELL Actual 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				
-	I hereby certify that the rules and recommission have been compiled wabove is true and complete to the Division Manage (Tell	egulations of the Oil Conservation ith and that the information given heat of my knowledge and belief.	OIL CONSERVATION COMMISSION APPROVED 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 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 filled for each pool in multiply					
N	MOCD (5) USOS (2) PA	RTNERS FILE	well name or number, or transport	er, or other such change of condition.				

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JUN 1 5 1979

OIL CONSERVATION COMM.

HOBBS, N. M.