		es.	
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DISTRIBUTION	-	***************************************	_ :
SANTA FE	ì	ONSERVATION COMMISSION	Form C+104 Supersedes Old C+104 and C+11
FILE	: REGUESI	FOR ALLOWABLE	Effective 1-1-65
		AND	0.45
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS
LAND OFFICE	-		
IRANSPORTER OIL	-		
GAS	-		
OPERATOR			
PRORATION OFFICE			
Cperator			
Conoco Inc.			
Address P.O. Box 460	, Hobbs, New Mexico 8824	40	
Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:	Change of corpo	orate name from
Recompletion	OII Dry Ga		Company effective
	Castrighead Gas Conder	1 7 6	. Company effective
Change in Ownership	Castriditeda Gas Conder	July 1, 1979.	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE Weir No.; Pool Name, Including F	ormation / Kind of Leas	se Lease No.
Lease Name	OIE 7//	State, Feders	-1 5
MCA Unit	1 212 1/11/11/	State, Feder	L(-0294/0
Location O			(b)
Unit Letter ; 6	60 Feet From The 5 Lin	e and 660 Feet From	The
omit Zetter,			
Line of Section 35 To	wnship 17-5 Range	32-E , NMPM, L	ea County
Ellie of decition			· · · · · · · · · · · · · · · · · · ·
	TED OF OUR AND MATERIAL CA	· 16. 11. 11/11/11	
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	and conv of this form is to be sent!
Name of Authorized Transporter of Ci	cr Condensate	Address (Give Waress to which appro	oved copy of this form is to be sent,
Name or Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
			:
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen
If well produces oil or liquids,			
give location of tanks.	<u></u>	<u> </u>	
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA			
D : T : C ! ::	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on - (X)		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Florence (DF DVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	100 0117 042 1-47	1.22, 2.07
Perforations			Depth Casing Shoe
	TURING CASING AND	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DET THISE!	575113 GENEZI
		-	
	i .	1	
	<u> </u>		
TEST DATA AND DEDITEST D	OR ALLOWARIE (Tast must be a	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-
OIL WELL	able for this de	epth or be for full 24 hours)	. •
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)
Date 1 1.50 Hear Off Hank 10 1 and 2			
		I Control Dronning	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	3
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gds - MCF
		1	
1			
CACHETT			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Candur or 1 agr		
			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1			
1		,1	
CERTIFICATE OF COURT	:CF	OIL CONSERV	ATION COMMISSION
L. CERTIFICATE OF COMPLIAN	ICE	: OIL CONSERV	ATION COMMISSION
			13 17
I hereby certify that the rules and	regulations of the Oil Conservation	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	13 17
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation	APPROVED BY CALL	19
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	19

(Menacure)

PARTNERS FILE

Division Manager

MMOCD (5) いるらら(2)

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 filed for each pool in multiply completed wells.

RECEIVED

JUN 1 5 1979

OIL CONSERVATION COMM.