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SANTA FE		774477	
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U.S.G.S.	Ţ.	AUTHORIZATI	

	ECTED REPORT
N	Form C-104

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS .	
	LAND OFFICE:				
	TRANSPORTER GAS				
	OPERATOR				
ı.	PRORATION OFFICE Cperator	<u> </u>			
	Conoco Inc.				
	Address	W.11			
	Reason(s) for filing (Check proper box)	Hobbs, New Mexico 8824	Other (Please explain)		
New Well Change in Transporter of: Change of corporate name from					
	Recompletion	OII Dry Gas		Company effective	
	Change in Ownership	Casinghead Gas Conden	sate July 1, 1979.		
	If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE					
	MCA Unit (3)	Well No. Pool Name, Including Fo	State, Federal	or Fee (0590) Leas• No.	
	Location Unit Letter : 666	Feet From The C	e and 1980 Feet From T	he ()	
	2.2	waship 17-5 Range 3	Q·E , NMPM, 20	2C County	
	DECICL LEION OF TRANSPORT	PED OF OW AND NATURAL CA	5		
111.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Texas-New Mexic		Midland Texas		
	Name of Authorized Transporter of Cas	MaljunarPlant No.60	P.O. Box 2197, Ho	ed copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. 32	Is gas actually connected? Whe		
		th that from any other lease or pool,	give commingling order number:		
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion		Total David		
	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	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	AS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OCT 2	TION 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 Chris Kylen		
	✓ .		TATLE District Supervisor		
	Allan		This form is to be filed in a	ompliance with RULE 1104.	
	TIII/Masan	ason	If this is a request for allowable for a newly drilled or deepened		

(Fignature) Division Manager

9.21.74 Tule)

NMOCD (5) USGS (2), Partners (19), File

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.