NO. OF COPIES RECEIVED	y *		~6		
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COM	JION	Form C -184	
SANTA FE	REQUEST I	FOR ALLOWABLE		Supersedes Old C-104 and C-11	
FILE		AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND	NATURAL GAS		
LAND OFFICE					
TRANSPORTER OIL					
JAS :					
OPERATOR	1				
PROPATION OFFICE					
CONOCO INC.	,			•	
P. O. Box 460, Hobb	s. N.M. 88240				
Reason(s) for filing (Check proper box)	Change in Transporter of:	other (reas	Corce C. +	authorized	
New Well	Other (Please explain) Thange in Transporter of: Other (Please explain) TO Correct culturized Other (Please explain) To Correct culturized Other (Please explain) To Correct culturized				
Recompletion	7-7	- Tours	of of		
Change in Cwnership	Condens	3'''' <u>- </u>			
If change of ownership give name and address of previous owner			annada ar-enne		
DESCRIPTION OF WELL AND	LIJASE West Me. Hort Nume, including Fi	- nation	Kind of Lease	Lease No.	
WICA QUITT 3	231 Malsamar		State Federal) or i		
Location Carl	or musamar	<u> </u>			
	345 Feet From The	and 26/5	None Seem The	E	
Unit Letter : :	reet from the	o ana <u>O (6))</u>	:eetromine_	F	
Line of Section 33 Tov	enship 17-S Range 7	32-E , NMPN	u Le	a County	
The of the first					
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Ott			to which approved o	opy of this form is to be sent)	
NavaTO Refix	ining Company	(brenia	Now	Moxico	
Name or Authorized Transporter of Cas	unghead Gas or Dry Gas	Address (Give address	to which approved a	MOXICO opy of this form is to be sent)	
Carrica Tra	695 pline Plant No. 60	P.O. BOX 12	206, Ma	Gamar, NM	
If well groupes oil or liquids,	Sec. Twp. Fige.	Is gas actually connec	ted? When		
give location of tanks.	C 27 175 32E	yes		\mathcal{N}/\mathcal{A}	
to the second second second second	th that from any other lease or pool,		er numbar:		
COMPLETION DATA	in that from any other rease or poor,	Sive committeeing one	- Indine or		
	OH Well Gas Well	New Well Workover	Deepen Pi	ug Back - Same Resty, Diff. Resty.	
Designate Type of Completic	(X) = nc		r		
Date Spudded	Eate Compl. Reany to Prod.	Total Depth	. P.	B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin: Formation	Top Off, Gas Pay	Te	king Depth	
		:			
Perforations			Dε	pth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT	
		i			
TEST DATA AND REQUEST E	OR ALLOWABLE (Test must be af	ter recovery of total vol	ume of load oil and	must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hour	(5)	•	
Date First New Oil Bun To Timks	Date of Test	Producing Method (Flo	w, pump, gas lift, et	c.)	
Length of Test	Tubing Pressure	Casing Pressure	C1	noke Size	
Actual Prod. Duting Test	CH - B51s.	Water-Bbin.	G	a - MCF	
		į			
		A			
GAS WELL					
Actual Prod. Test-MCF/D	Langth of Test	Bbis. Condensate/MMC	CF Gr	avity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Ghut-in)	Casing Pressure (Shu	t-in) C	noke Size	
			ļ		
CERTIFICATE OF COURT IAN	Cr.		CONSEDUATION	NO COMMISSION	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
		APPROVED			
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.			(0.4)		
		BY			
		TITLE			

This form is to be filed in compliance with AULE 1104.

If this is a request for allowable for a newly drilled or deepenewell, 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 allow able on new and recompleted wells.

Fill out only Sections I, IF. 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.

Nmoco (5) 4565(2) Mathematica) 21/2

NOV 2 0 1979 (Date)