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SANTA FE		CONSERVATION COMMISSION	Form C-104
	REQUES	ST FOR ALLOWABLE	Superseass Uni C-104 and (
FILE		AND	Effective 1+1+55
U.S.G.S.	ALITHODIZATION TO T		
LAND OFFICE	AOTHORIZATION TO T	RANSPORT OIL AND NATURAL	_ GAS
- <del></del>			
TRANSPORTER OIL			
GAS			
OPERATOR			
<del></del>			
PRORATION OFFICE			
Operator			
Conoco Inc			
Address			
P.O. Box 4 Reason(s) for filing (Check proper		3240	
New Well		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpo	orate name from
Recompletion	Ctl Dry	Gas Continental Oil	1 C
Change in Ownership		Continental Oi.	l Company effective
enange in ownership	Casinghead Gas Con-	densate U July 1, 1979.	
f change of ownership give named address of previous owner_	ne		
DESCRIPTION OF WELL AT	ND LEASE.   Well No., Pool Name, Including		
	X X D	( ( )	[ Leasec
Mitchell B		(J-SA)   State, Fede	eral cr Fee LC 02940:
Location	<del></del>		- 52,770
The state of the s	1980 Feet From The 5	ine and /9 80 Feet Error	
Unit Letter;	Feet From The	Line and 7980 Feet From	m The
. ~	. ==		
Line of Section	Township /7 Range	32 , NMPM,	E) Committee
		1 1400.5 (01)	EG Count
SECTOR: APPLANT OF THE ASSESSMENT			
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	GAS	
Name of Authorized Transporter of	Cil 🔼 or Congensate 📃	Address (Give address to which app	roved copy of this form is to be sent;
Nous Rolling	. ( )	1	4
Mayajo NEPINIA	, (0,	N. Freeman Ar	e. Artesla, N.M.
Name of Authorized Transporter of	Casinghead Gas 🔀 - or Dry Gas 🚞 -	Address (Give address to which app	roved copy of this form is to be sent!
Comana To		M - / ·	
COROCO Inc.		Maljamar, N.	<u> M · </u>
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas activally connected?	Yhen
give location of tanks.	the state of the s		
	<del> </del>		· · · · · · · · · · · · · · · · · · ·
this production is commingled	with that from any other lease or poo.	l, give commingling order number:	
COMPLETION DATA			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Res
Designate Type of Comple	etion = (X)	, and a	1 . 144 Date   Jame Hes 11. Ditt. Mes
	<del></del>		1
Date Spudded	Date Comps. Reday to Prod.	Total Depth	P.B.T.D.
			ļ
Elevations (DF, RKB, RT, GR, etc			· · · · · · · · · · · · · · · · · · ·
sterditions IDE, RAB, RI, CR, etc	., Name of Producing Formation	Top Cti/Gas Pay	Tubing Cepth
Perforations			
#/			Depth Casing Shoe
		····	
	TUBING CASING A	ND CEMENTING RECORD	
HOLE CITE	TUBING, CASING, AN		
HOLE SIZE	TUBING, CASING, AN	ND CEMENTING RECORD  DEPTH SET	SACKS CEMENT
HOLE SIZE			SACKS CEMENT
HOLE SIZE			SACKS CEMENT
HOLE SIZE			SACKS CEMENT
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HOLE SIZE			SACKS CEMENT
	CASING & TUBING SIZE	DEPTH SET	
EST DATA AND REQUEST	CASING & TUBING SIZE  FOR ALLOWABLE (Test must be	DEPTH SET	
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EST DATA AND REQUEST	CASING & TUBING SIZE  FOR ALLOWABLE (Test must be	DEPTH SET	l and must be equal to or exceed top allo
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PEST DATA AND REQUEST OIL WELL Care First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be able for this compared to the comp	after recovery of total volume of load of depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure	l and must be equal to or exceed top allowing, etc.,  Chore Size
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Mondeson

Division Manager

<u>-14 - 79</u>

(Title)

(Date)

FILE

usas(2)

NMOCD (5)

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.