NO. OF COPIES RECE		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		<u></u>
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE		ISPORT OIL AND NATURAL GA	AS .	
	TRANSPORTER GAS : OPERATOR				
1.	PRORATION OFFICE				
	Conoco Inc.				
	P.O. Box 460, Hobbs, New Mexico 88240				
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Cwnership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		ate name from Company effective	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	_eise No.	
	MCA Unit Lety	259 Maljamar G	-SA State, Federal		
	Location 1- 19	No Feet From TheLine	e and 860 Feet From T	he <u>£</u> (B)	
	4.6	Feet From The Line		County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of CII Name of Authorized Transporter of CII Name of Authorized Transporter of CII	Company	N. Freeman Ave. Ar	tesia NM	
	Name of Association	Gasoline Plant No. 60	Address (Give address to which approved P. D. Box 1206, Ma		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 30 17 5 32 E	Is gas actually connected? Whe		
IV	If this production is commingled wi. COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion		1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD	ALOVE CENENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
١	TEST 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)				
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas - MCF	
	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. CERTIFICATE OF COMPLIA	NCE	JUL	ATION 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. Division Manager (Title) (Date) (Date)		TITLE 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 to the secondary of the second		
			li shie 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		
	NMOCD (5) Las -	ARTHER FILE	Separate Forms C-104 must be filed for each poor in managers and completed wells.		

REDERVED.

CIL CONSERVATION COWM.
HOBBS. N. IIL