	and the second second	in the second of				
		* ∽		14		
		_				
					_	:
	DISTRIBUTION		NSERVATION COMMISSI	ON	Form C-10	4 s Old C-104 and C-
SANT	AFE	REQUEST I	FOR ALLOWABLE		Eifective	
FILE		-	AND		•	
U.S.	5.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NA	TURAL GA	.5	
LAN	DOFFICE					
TRA	NSPORTER OIL					
	GAS					
OPE	RATOR					
	RATION OFFICE					
Cpera						
L	Conoco Inc.					
Addre		O. Hobbs. New Mexico 8824	Λ			
			Other (Please ex	plain)		
1	onis) for filing (Check proper b	Okange in Transporter of:			ate name fr	·om
New					Company eff	
1	npletion		1 "1 1		company err	ECCIVE
Chan	ge in Ownership	Castnghead Gas Conden	July 1,	1979.		
II. DESC	CRIPTION OF WELL AND NAME MCA Unit Bly	D LEASE Neit No. Foot Name, Including F Sh Malyama	00 01	ind of Lease ate, Federal o	or Fee	
-	•	980 Feet From The S Lir	e and (460	Feet From Th	ne W	
L	ine of Section 19	Township 175 Range	32 E , NMPM,	Le	<u>a</u>	Count
יי ארכי	ICNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	is Injection	on b	well	
Nam.	e of Authorized Transporter of	Cil or Condensate	Addiess (Ofte addiess			
Nam	e of Authorized Transporter of	Casingneda Gas or Dry Gas	Address (Give address to	which approve	ed copy of this for	m is to be sent)
If we	ell produces oil or liquids, location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected	? Wher	n	
If thi	s production is commingled IPLETION DATA	with that from any other lease or pool,				
		Cil Well Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Restv. Diff. Re
I	Designate Type of Compl	etion $-(\lambda)$	1	l	1	
		D. D. S. S. Sandy to Bred	Total Depth		P.B.T.D.	

Date Compi. Ready to Prod.

Name of Producing Formation

CASING & TUBING SIZE

V. 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)

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

DEPTH SET

OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gds - MCF	

AS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
tual Prod. Test-MCF/D		(0)	Choke Size
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Croxe 3124

VI. CERTIFICATE OF COMPLIANCE

Date Spudded

Perforations

Elevations (DF, RKB, RT, GR, etc.,

HOLE SIZE

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)

JUN 5 1979 MMOCD (5) USGS (2)

PLATWERS FILE

OIL CONSERVATION COMMISSION

Tubing Depth

Depth Casing Shoe

SACKS CEMENT

4C-029405

APPROYED! TATLE. 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 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 6 1979

OIL CONSERVATION MORES, N. M.

Form	9-331
(May	1963)

UNITED STATES F THE INTERIOR DEPARTMEN.

SUBMIT IN TRIPLICATE*
(Other instructions everse side)

GEOLOGICAL SURVEY				
SUNDRY NOTICES (Do not use this form for proposals to Use "APPLICATION"	AND REPORTS ON WELLS drill or to deepen or plug back to a different reservoir. FOR PERMIT—" for such proposals.)			

OTHER

1980 FSL & 660 FWL OF SEC. 19

16.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF		
EST WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE EPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTLIG OR ACIDIZING (Other DANKET TO N.J. & JUST. S.G. (NOTE: Report results of multiple completion on Well	_ Z	
Other)			Completion or Recompletion Report and Log form.)		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-

Milled on collapsed csq. & cleaned out to 3585. Dumpes sd. in hole to 3573'. RAN 41/2" 11.35# Flush-joint & 10.5# K.55 CAG & set @ 3567' W/350 Sks Class "C cmt. Cmt. Circ. to ste. WOC 18hrs. Tested csq. to 1500#, held UK. Cleaned out to 3984 Pan 23/8 cmt. lined thing. & set pkr. @ 3512' . Hooked up for water injection. Work started 11-22-74, completed 4-30-75.

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

USGS/S, MCA-4. File