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		DISERVATION COMMISSION	Form C-104
DISTRIBUTION	NEW MEXICO OIL CO	FOR ALLOWABLE	Supersedes Old C-104 and C-1
ANTA FE	KEGOESI I	AND	Effective 1-1-65
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.s.g.s.	AUTHORIZATION TO TRA		
AND OFFICE			
RANSPORTER GAS			
PERATOR			
PROPATION OFFICE			
perator			
Conoco Inc.			
ddress	Hobbs. New Mexico 8824	60	
	110000, 1101	Other (Please explain)	
eason(s) for filing (Check proper box)	Change in Transporter of:	_ Change of corpora	ate name from
lew Weil	Oil Dry Go	os Continental Oil (Company effective
Recompletion	Casinghead Gas Conde		
Change in Ownership			
change of ownership give name			
nd address of previous owner			
ESCRIPTION OF WELL AND I	LEASE	Segretten Kind of Lease	Lease No
Lease Name	Well Mor.	State, Federal	or Fee LC - 0294
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Location	,	//^	. E
Unit Letter 198	D Feet From TheLI	ne and Feet From Ti	ne
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Line of Section 20 Tov	waship (7-) Range	J& 1- ,	
		15	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Cil		Address (Give dauless to which her	ed copy of since
	or Condensate	M Con a Ara Ar	LOSIZ NM
Navain Pipeline	Company	M Con a Ara Ar	testa NM red copy of this form is to be sent)
	Company or Dry Gas in	N. Freeman Ave. Ar Address (Give address to which approv	testa NM red copy of this form is to be sent)
Navain Pipeline	Company or Dry Gas = Gasoline Plant No. Co	N. Freeman Ave. Ar Address (Give address to which approv	tesia NM sed copy of this form is to be sent)
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Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Menasure) Division Manager (Title) JUN 5 1979

(Date) NMOCD (5) USGS (Z) PATETNERS FILE

SION __, 19 __ BY. District Supervisor TITLE.

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 weils.

Form 9-331 (May 1963)	UNITED STATES DEPARTMENT F THE INTERINGENCE SURVEY	SUBMIT IN TRIPLICATE* (Other instructions on re-	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	NDRY NOTICES AND REPORTS (is form for proposals to drill or to deepen or plug l Use "APPLICATION FOR PERMIT—" for such p	back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL 2. NAME OF OPERATOR	OTHER		7. UNIT AGREEMENT NAME A C A 8. FARM OR LEASE NAME
3. ADDRESS OF OPERAT	inental ail Ce	mony	MCA Cener
See also space 17 b At surface		-	10. FIELD AND POOL, OR WILDCAT MOLY 6-SA Representation of the control of the co
1980 FS	L and 660 FE Lay	F, RT, GR, etc.)	Sec 20 T-175 K-3
16.	Check Appropriate Box To Indicate N	O/ Of	her Data
	NOTICE OF INTENTION TO:		NT REPORT OF:
TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	Completion or Recomplet	REPAIRING WELL ALTERING CASING ABANDONMENT* f multiple completion on Well ion Report and Log form.)
proposed work nent to this work Pocker pocker	or COMPLETED OPERATIONS (Clearly state all pertiner if well is directionally drilled, give subsurface locally at 3744. Transport at 3639. Frac? # 20/40 Sond.	ted $0HW/300$ L $W/20,000$	depths for all markers and zones perti- o galo 2890 oc els gelled wat d - 9-14-72
790		·	
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I hereby certify that the foregoing is true and SIGNED Actual Dault	TITLE admin, Super	visor DATE 10-4-
(This space for Federal or State office use)	•	
APPROVED BY	TITLE	ACCEPTED PEOR RECORD
		OCT 6 1972
2	*See Instructions on Reverse Side	U. S. GLULUGICAL SURVEY HOBBS, NEW MEXICO

USGS/S) MCA(3) File