NO. OF COPIES REC	EIVED	
DISTRIBUTIO	ON .	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	!
	GAS	
OPERATOR		

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	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
r	FILE	KEQUEST 1	AND	Effective 1-1-65
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1	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS	
- 1	LAND OFFICE			
	OIL !			
	TRANSPORTER GAS			
ŀ	OPERATOR			
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1.	PRORATION OFFICE			
- 1	Cperator			į
	Conoco Inc.			
- 1	Address			
	P.O. Box 460	Hobbs, New Mexico 8824	0	
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:	Change of corporate	name from
- [Recompletion	Cil . Dry Gas	Continental Oil Con	mpany effective
1	Change in Ownership	Casinghead Gas Conden		mpany criticalive
l	Change In Cwitership	Castiffiedd Oda [] Coildein	July 1, 1979.	
,	If change of approaching gaps name			
	If change of ownership give name and address of previous owner			
· ·	and address of previous owner			
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	MCA Unit Blu	65 malsomas	State, Federal or F	LC- 02940516
ĺ	Location	The state of the s		
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	Line of Section 20 Tow	rnship 17-5 Range	32 - NMPM, Lea	County
			0 : 1 :	• 0
	DECICE LETION OF TRANSPORT	TER OF OIL AND NATURAL GA	s Intertion with	<i>"</i>
111.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approved co	opy of this form is to be sent)
	Name of Authorized . fansporter of Ci.	or Condensate [_]	Allegay of the data see to distance approved to	, , , , , , , , , , , , , , , , , , , ,
	i İ			
	Name of Authorized Transporter of Cas	ingnead Gas or Dry Gas	Address (Give address to which approved c	opy of this form is to be sent)
	:			
		The Bas	Is gas actually connected? When	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas decarry connected.	
	give location of tanks.			
		to the first series to an analysis	give commingling order number:	
		h that from any other lease or pool,	give comminging order number.	
IV. COMPLETION DATA				
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1 V .		Off Well Gas Well	New Well Workover Deepen Ply	ig Back Same Resty. Diff. Resty.
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1 .		$\operatorname{On} = (X)$ Gas Well Date Compl. Ready to Prod.		ng Back Same Restr. Diff. Restv.
IV.	Designate Type of Completion	n = (X)		:
IV.	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth P. i	B.T.D.
IV.	Designate Type of Completion	n = (X)	Total Depth P. i	:
IV.	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth P.i Top Oil/Gas Pay Tu	B.T.D.
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Division Manager (Title) 5 1379

7 (5) USGS (2) PARTNERS FILE

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.