DISTRIBUTIO	N .	<u> </u>
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
DOOD ATION OFFICE		

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NO. OF COPIES RECEIVED			<u>;</u>
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110
			Effective 1-1-65
FILE		AND	£
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	<b>5</b>
LAND OFFICE			
OIL			
TRANSPORTER GAS			
OPERATOR	-		
PRORATION OFFICE			
Operator			
Conoco Inc.		<u> </u>	
Address			i
	, Hobbs, New Mexico 88240	١	!
		Other (Please explain)	
Reason(s) for filing (Check proper box	)		
New Well	Change in Transporter of:	Change of corpora	
Recompletion	Ott Dry Gas	Continental Oil (	Company effective
Change in Ownership	Casinghead Gas Condens	ate July 1, 1979.	
Change in Ownership			
Lease Name MCA Unit Styl Location Unit Letter K : 19	LEASE    West No.   Pool Name, Including For     63   Maljamar Gr	State, Federal C	( )
20	10-5 0	32-E , NMPM, 60	County
Line of Section 10 To	wnship //- S Range	)2-12 , NMFM, L (C	~
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
No.	T- 107 11	N. Freeman Ave. Ar	lesia NM
Marzio ripeline	isinghead Gas 27 or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Ca	isingheda Gas of Dry Gas		
Continental Oil (o)	Gasoline Plant No. 60	P.D. Box 1206, Ma	
Continental Oil Co.	Unit Sec. Twp. Rge.	Is gas actually connected? When	- 4
If well produces oil or liquids,	A 30 17 5 38E	NES	<b>N/A</b>
give location of tanks.	<u> </u>		
If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:	
V. COMPLETION DATA			Plug Back Same Resty. Diff. Resty
	Oil Well Gas Well	New Well Workover Deepen	Flug Edex   Same New 11
Designate Type of Completi	$on = (X) \qquad \qquad 1$		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date compared to		
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top On/Gds Pdy	
Perforations			Depth Casing Shoe
Periorations			
		CEMENTING RECORD	21.010.05115117
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1	<u> </u>	+
		1	<u>i</u>
The same and the s	COR ALLOWARIE (Tax must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allo
V. TEST DATA AND REQUEST	able for this de	pth or be for full 24 hours)	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Date First New Oil Run To Tanks	Date 01 1001		
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	C.,024 0124
	Oil - Bble.	Water-Bbls.	Gas-MCF
Actual Prod. During Test			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Float 1001 Mot / 5			
	(2) (2)	Casing Pressure (Shut-in)	Choke Size
Trailer Marked (nited hack nr.)			1
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	•	1
, esting Method (phot, beck pro)	Tubing Pressure (Shut-18)	·	
		OIL CONSERVA	TION COMMISSION
VI. CERTIFICATE OF COMPLIA		OIL CONSERY	TION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	10000150	TION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	APPROYED	TION COMMISSION
VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules an	NCE  d regulations of the Oil Conservation	APPROVED	TON COMMISSION  19  19
VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules an	NCE	BY CALLS UT	lin
VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules an	NCE  d regulations of the Oil Conservation	APPROVED	lin

Division Manager (Title)

5 1379 JUN

NMOCD (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 allow-able 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.