NO. OF COPIES REC		<u> </u>	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	l _ l_	
	GAS		
OPERATOR			
PROBATION OFFICE		i i	

DISTRIBUTION			Form C-104
	REQUEST		Supersedes Old C-104 and C-110 Effective 1-1-65
	_		
	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS
		•	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Conoco Inc.			
Address			
_	·		
Reason(s) for filing (Check proper box,			
New Well			
Recompletion			Company effective
Change in Ownership	Casinghead Gas Conde	nsate July 1, 1979.	
If change of ownership give name			
and address of previous owner			
	LEASE	ormation Kind of Lease	Lease No.
1 2+- /	GR M-1-	State, Federal	cr Fee 11-029405
1900	10 Mallamar C	3 3/1	(6)
M 61	6 Feet From The S Lin	ne and 660Feet From T	()
		206	(a) County
Line of Section 70 To	wnship 7 Range	32-E , NMFM, L	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	and some of this form is to be cent!
Name of Authorized Transporter of Oli	or Condensate	Address (Give address to which approv	1 XILA
Novaio Pipeline	company or Dry Gas	N. Freeman Ave. Ar Address (Give address to which approv	ted copy of this form is to be sent)
() () ()		P.D. Box 1206 Ma	aliamar, NM
CIN I MEN SI	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en J
give location of tanks.	A 30 175 32E	ves	<u> </u>
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completi		1	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING AN	ID CEMENTING RECORD	
			SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFTH 3CT	
	 		
THE PARTY AND DESCRIPTION OF	OD ATTOWARTE /Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	depth or be for full 24 hours)	
. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	
OIL WELL	able for this c	Producing Method (Flow, pump, gas li	ft, etc.)
OIL WELL	able for this c	depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	able for this o	Producing Method (Flow, pump, gas li Casing Pressure	ft, etc.) Choke Size
OIL WELL Date First New Oil Run To Tanks	able for this o	Producing Method (Flow, pump, gas li	ft, etc.)
OII. WEI.L Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas li Casing Pressure	ft, etc.) Choke Size
OII. WEI.L Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas li Casing Pressure	ft, etc.) Choke Size
OII. WEI.L Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	able for this of Date of Test Tubing Pressure Oil-Bbls.	Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	ft, etc.) Choke Size
OII. WEI.L Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas li Casing Pressure	Choke Size Gas-MCF
OII. WEI.L Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Bbis. Length of Test	Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	Choke Size Gas-MCF
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OII. WEI.L Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Date of Test Tubing Pressure Oil-Bbis. Length of Test Tubing Pressure (Shut-in)	Producing Method (Flow, pump, gas li Casing Pressure Water-Bbis. Bbis. Condensate/MMCF Casing Pressure (Shut-in)	Choke Size Gas-MCF Gravity of Condensate Choke Size
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	PRORATION OFFICE Operator Conoco Inc. Address P.O. Box 460, Reason(s) for filing (Check proper box, New We'll Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name MCA Unit Bly Location Unit Letter Line of Section DESIGNATION OF TRANSPOR Name of Authorized Transporter of Call Name of Authorized Transporter of Call Name of Authorized Transporter of Call If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE	SANTA FE FILE U.S.G.S. LAND OFFICE ITANSPORTER OPERATION OPERATION OPERATOR PROCATION OFFICE Operator Conoco Inc. Address P.O. Box 460, Hobbs, New Mexico 882. Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other in Commercial Condens If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name MCA Unit BLy OPERATOR MCA Unit BLy Township DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G. Name of Authorized Transporter of Cil Name of Authorized Transporter of Cil Name of Authorized Transporter of Cil Name of Authorized Transporter of Casinghead Gas ONTIMENTAL CI. O	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G. AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Conoco Inc. Address P.O. Box 460, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Weil Change in Transporter of: Oil Change of corport Condensate Oil Change of corport Continental Oil July 1, 1979. If change of ownership MCA Unit Sets Free MCA Unit Lease Name MCA Unit Location Unit Letter M. GOO Feet From The Line of Section DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of City Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Country Continents OFFICE Address (Give address to which approx On Township OFFICE ON Sets oil Authorized Transporter of Country Gas Address (Give address to which approx On Timents On Sets of Authorized Transporter of Country Gas On Township O

Division Manager (Title) NMOCD (5) USGS (2) PARTNERS FILE

tests taken on the well in accordance

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.