CORRECTED REPORT

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- - -	DISTRIBUTION SANTA FE FILE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE				
Ì	TRANSPORTER GAS				
ł	OPERATOR	•			
1.	PRORATION OFFICE				
	Conoco Inc.				
	P.O. Box 460, Hobbs, New Mexico 88240				
Reason(s) for filing (Check proper box) Other (Please explain)					
	New We: Change in Transporter of: Change of corporate name from Oil Dry Gas Continental Oil Company effective Change in Cwnership Casinghead Gas Condensate July 1, 1979.				
If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND LEASE				
11.	Lease Name Well No. Pool Name, Including Formation Kind of Lease C 000 Tol				
	MCA Unit (3ty) 44 Maljamar G-SA State, Federal or Fee (-0.1450) (a)				
	Unit Letter F : 2615 Feet From The Line and 2615 Feet From The U				
Line of Section 2) Township 17-S Range 32-E, NMPM, 200				County County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Norm of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be set				
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy				PSIZ NM	
	NOVALO PIDE INC. COMPAN N. FREEMAN AVE. AFTESIA NM same or Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	VONOGO Iach				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	` x/A	
	give location of tanks.	1) 20 1 22	yes in commingling order number:	/3//	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Other Completion New Well Workover Deepen Plug Back				Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion		New Well Workover Deepen	plug Black Same Ness Ditti ites	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	101 5 5175	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	casing a resinte oize			
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 allow-				
٧.	OH, WEIL				
	Date First New Oil Run To Tanks	Date of Test	Producting Monies (1, 1921, bamb) 222 and		
	Length of Test	Tubing Pressure	Casing Pressure	Choxe Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tables December (Chat-In)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	•		APPROVED OCT 171976 . 19		
	I hereby certify that the rules and r Commission have been complied w	ith and that the information kiven '	(www Northing		
	above is true and complete to the best of my knowledge and belief.		BY Cocco April 19		
			THITE District Supervisor		
	AM	1 14	This form is to be filed in	compliance with RULE 1104.	
	- (/////lang	use .	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		

Division Manager

SEP 21 1979

NMOCD (5) USGS (2) Partners (19), File

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.