NO. OF COPIES REC	•			
DISTRIBUTION		1		
SANTA FE		1		
FILE		!		
U.S.G.S.		i i		
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	: _;		
OPERATOR				
PRORATION OF				
Cperator ,				
Conoco Inc.				

	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104				
	SANTAFE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65				
	FILE	: 1						
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS				
LAND OFFICE								
	TRANSPORTER OIL	•						
	GAS	1						
	OPERATOR PROPATION OFFICE							
1.	Cperator ,	1						
	Conoco Inc.							
	Address							
	P.O. Box 460, Hobbs, New Mexico 88240							
	Reason(s) for tiling (Check proper box) Other (Please explain)							
	New Well Change in Transporter of: Change of corporate name from							
	Recompletion	Cil Dry Ga						
	Change in Ownership	Castinghead Gas Conden		Company effective				
	Change in Ownership Castinghead Gas Condensate July 1, 1979.							
	If change of ownership give name							
and address of previous owner								
16	I. DESCRIPTION OF WELL AND LEASE							
11.	Lease Name West No. Pool Name, Including Formation A Kind of Lease No.							
	MCA Unit Cty2 116 91/al Lana 1 & La State, Federal or Fee							
	Location Location							
	R 75	·	ne andFeet From	- F				
	Unit Letter X) : 13	Feet From TheLin	ne andFeet From	The				
	Line of Section 28 Tov	waship 17-5 Range 3	PJ-E , NMPM, Le	County				
	Eme of Section O & 100	Training (1/2)		<u> </u>				
iII	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is Install					
	Name of Authorized Transporter of Cil		Address (Give address to which appro	oved copy of this form is to be sent)				
Name of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be								
	:							
		Unit Sec. Twp. Rge.	Is gas actually connected? W	nen				
	If well produces oil or liquids, give location of tanks.							
		ي راه المنظم	<u></u>					
,	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:					
IV.	Plug Back Same Resty. Diff. Resty.							
	Designate Type of Completion	on = (X)						
	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	<u></u>	<u> </u>	Depth Casing Shoe				
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT				
	7.7	1						
		•						
		i i						
v	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed too allow-				
٠.	I. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
		(
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION				
			JUL 6	1 40 76				
	I hereby certify that the rules and	egulations of the Oil Conservation	BY CLER KYLERA					
	Commission have been complied v	vith and that the information given						
above is true and complete to the best of my knowledge and belief.			This form is to be filed in compliance with RULE 1104.					
						1 6	wable for a newly drilled or deepened	
						well, this form must be accomp	anied by a tabulation of the deviation	
				Division Mana	ger	tests taken on the well in accordance with RULE 111.		
					rle) ₅ 197 9	All sections of this form m	ust be filled out completely for allow-	
	es iki	5 1312	able on new and recompleted wells.					

NMOCD (5) USGS (2) PARTHERS FILE

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.

37**9** ئا 1...ابال

The same was and the same

HOBBS, N. M.