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DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-1.	
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTUODIZATION TO TRA	INSPORT OIL AND NATURAL GA	c	
	AUTHORIZATION TO TRAI	NOPORT UIL AND NATURAL GA	ა	
LAND OFFICE				
OIL OIL				
TRANSPORTER GAS				
	1			
OPERATOR				
PRORATION OFFICE				
Operator				
Conoco Inc.				
	<u> </u>			
Address				
P.O. Box 460,	Hobbs, New Mexico 8824	+0		
Reason(s) for filing (Check proper box,)	Other (Please explain)		
· · · · · ·		1	. ~	
New Well	Change in Transporter of:	Change of corpora		
Recompletion	OII Dry Gas	s 🔔 Continental Oil C	Company effective	
Change in Ownership	Casinghead Gas Conden	 	,	
Change in Ownership	Custingliedd Gds Contach	July 1, 1979.		
			•	
If change of ownership give name				
and address of previous owner				
I. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo		Lease No.	
MCA Unit (Rt) 3	187 M. 1		r Fee LCQ57210	
MCA UNITE (DILL)	102 Malianar E	1-74	LCO 1210	
Location	J			
て ~~ ア	۲ <	ne and 2570 Feet From Th	. F	
Unit Letter;;	Lin	ne and AD / Feet From Th	e <u> </u>	
^		· ~ F		
Line of Section 70	wnship 7.5 Range	3つ·E , NMPM, おらの	County	
Line of Section 6	······································	<u> </u>	<u> </u>	
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I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	\S		
Name of Authorized Transporter of Off	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
1 31 34 .		XI 11- 1-1-1-		
1 lexas- New Mexi		Midland Texas		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent;	
CANACA TINE	Melianar No. 60	120 Par 2197 Hay	etar TV	
CONOCO. LACT	100 27307000	Is gas actually connected? When	(5/02)/	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day actifully connected.		
give location of tanks.	C = 07 = 17 = 32	Ves	NIA	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA		T	Plug Back Same Res'v. Diff. Res'v	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Salite Res V. Ditt. Nes V	
Designate Type of Completing	$\operatorname{on} - (X)$	1 1	1	
	TD C Ddy to Book	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	10(dt Deptil	1.5.1.5.	
· ·				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Lievations (Dr., KKB, K1, GK, etc.,	Idame of Freducing 1 simulation			
Perforations			Depth Casing Shoe	
1				
	•			
	• .			
	TUBING, CASING, AND	D CEMENTING RECORD		
HOLE SIZE		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE		SACKS CEMENT	
HOLE SIZE			SACKS CEMENT	
HOLE SIZE			SACKS CEMENT	
HOLE SIZE			SACKS CEMENT	
HOLE SIZE			SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
	CASING & TUBING SIZE	DEPTH SET		
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET after recovery of total volume of load oil are epth or be for full 24 hours)	nd must be equal to or exceed top allo	
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V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	DEPTH SET after recovery of total volume of load oil arepth or be for full 24 hours) Producing Method (Flow, pump, gas lift. Casing Pressure	nd must be equal to or exceed top allow, etc.) Choke Size	
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(Menature)

Division Manager

NMOCD (5) USGS (2), Partners (19), F, le

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 pleted wells.