HO. OF COPIES RECEIVED				
DISTRIBUTION			1	
SANTA FE				
FILE				
u.s.g.s.			_	
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>	į .	
	GAS	:	1	
OPERATOR				
PRORATION OFFICE			<u> </u>	
Cperator				
Conoco Inc.				
Address				

	DISTRIBUTION SANTA FE FILE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55						
-	U.S.G.S. LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	45						
1.	OPERATOR PRORATION OFFICE									
	Conoco Inc.									
	ddress									
	P.O. Box 460, Hobbs, New Mexico 88240 eason(s) for filing (Check proper box) Other (Please explain)									
New Well Change in Transporter of: Change of corporate name from										
	Recompletion Change in Ownership	company circuit								
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND LEASE Lease Name Meil No. Pool Name, Including Formation CC-02									
-	MCA Unit Dty 258 Maljamar G-SA State, rederal or res									
	1. 64	Feet From The Line								
	Line of Section 20 Town	nship 17-5 Range	32-E, NMPM, Lea	County						
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Sor Condensate Address (Give address to which approved copy of this form is									
	Novaio Pipeline (ompany	N. Freeman Ave. Ar Address (Give address to which approx	tesia NM ped copy of this form is to be sent)						
	Name of Authorized Transporter of Cas	Essatine Plant No 100	P.D. Box 1206, Ma	aliamar, NM						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 30 175 32E	Is gas actually connected? Whe	N/A						
		h that from any other lease or pool, g								
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.						
	Designate Type of Completio	n - (A)	Total Depth	P.B.T.D.						
	Date Spudded		Ti- Oll/Cas Pay	Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay							
	Perforations			Depth Casing Shoe						
			CEMENTING RECORD	SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET							
V		T DATA AND REQUEST FOR ALLOWABLE (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) WELL								
	OIL WELL Date First New Oil 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	Oil-Bbls.	Water-Bbls.	Gas-MCF						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
•	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERV	ATION COMMISSION						
٧			APPROVED JUL 3 1979 , 19							
			() www. Within							
			TATLE District Supervisor							
Division Manager (Title)			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 conditions.							
								Date) IRTNERS FILE	Separate Forms C-104 must be filed for each pool in multiply	
							- · · · · · · · · · · · · · · · · · · ·		completed 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.

JUNI 5 1979
OIL CONSERVATION COMM.