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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in Lease <input type="checkbox"/> Transfer Date <input type="checkbox"/>

Other (Please explain)
To correct authorized transporter of oil

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE	
Lease Name MCA Batt 3	Well No., Well Name, Identifying Information 177 Maljamar G-SA
Location Unit Letter J Section 2600 Feet From The S Line and 2470 Feet From The E Line of Section 28 Township 17-S Range 32-E LEA County Lea	Kind of Lease State Lea or Fee LC-057210

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico
Name of Authorized Transporter of Gas (Natural Gas) <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) Gasoline Plant No. 60 P.O. Box 1206, Maljamar, NM
If well produces oil or liquids, give location of tanks. C 27 17S 32E	Is gas actually compressed? Yes When N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	<input type="checkbox"/> C.R. Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Plug in
Date Completed	Date Comp. Ready to Prod.
Well Name (DF, RAB, RT, GK, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Tubing Pressure	Casing Pressure
Actual Prod. During Test	Choke Size
Oil-Bbls.	Water-Bbls.
	Gas-MMCF

GAS WELL	
Actual Prod. Test-MMCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (split, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

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.	
J. H. B. Anderson (Signature) FCR Administrative Supervisor NOV 20 1979 (Date)	
OIL CONSERVATION COMMISSION DEC 11 1979 APPROVED _____, 19____ BY John Runyan TITLE Registrar 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 completed wells.	

Nmoco (S) 456522 Pattern (19) file