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SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE	REGUEST	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	AND	
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL	_ -i │		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Conoco Inc.			
Address			
), Hobbs, New Mexico 882		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of: OII Dry C	Change of corpo	
Recompletion Classification			Company effective
Change in Cwnership	Casin meda Gas Conta-	ensate July 1, 1979.	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE	Formation Kind of Leas	e ; ; ; ease No.
Lease Name	7 Neil No., Poci Name, Including	. 1	
MCA Unit Oly	252 Maljamar (3-3A Side, 1230	
Location Unit Letter 13	250 Feet From The N L	ine and 200 Feet From	The
		3 7 6	_
Line of Section 28 T	ownship // Range	32 E , NMPM, Le	County
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	Address (Give address to which appro	ared conv of this form is to be sent!
Name of Authorized Transporter of C	11 or Jondensate	1.1 ~ 1	NIM
Normal Authorized Transporter of C	asinghed Gas or Dry Gas	N. Freeman Ave. Ar	ved copy of this form is to be sent)
	Ci i - Di- + No la		aliamar, NM
Continental Oil Co.	Unit Sec. Twp. Pge.		en Jarron , Juri
If well produces oil or liquids, give location of tanks.	0 28 175 321	e ves	N/A
If this production is commingled w V. COMPLETION DATA	vith that from any other lease or pool	i, give comminging order number:	
	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Designate Type of Complet	ion = (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			Depth Casing Shoe
	•		
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	!	<u> </u>	<u>, i , , , , , , , , , , , , , , , , , ,</u>
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
OIL WELL	able for this	depth or be for full 24 hours)	10
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, eic.)
			Chora Stra
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			I Carrings
Actual Prod. During Test	Ott-Bbis.	Water-Bbis.	Gas-MCF
GAS WELL		Dalla Cardinaria Alliana	Complete of Condonnation
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

<u>District Supervisor</u> TATLE

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.

(Date) MMOCD (5) US 45 (2) PARTNERS

Division Manager

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.

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure (shut-in)

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