NO. OF COPIES REC	E1460	1			
DISTRIBUTION					
SANTA FE		<u> i </u>			
FILE		Ĺ	1		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS	1	İ		
OPERATOR		i			
PRORATION OFFICE					
Cperator					
Conoco Inc.					
Address					
Ρ.	.o. I	Зох	460		

Division Manager

	DISTRIBUTION		CNSERVATION COMMISSION	Form C-104								
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C Effective 1-1-65										
	FILE		AND									
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				GAS								
	LAND OFFICE	<u> </u>										
	TRANSPORTER GAS GAS											
	OPERATOR											
ı.	PRORATION OFFICE											
	Consequence Too											
	Conoco Inc.											
Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Continental Oil Company effective												
							Change in Ownership Casinghead Gas Condensate July 1, 1979.					
							To the second supposed in this same					
							If change of ownership give name and address of previous owner					
		. D. 4.C.D.										
11.	DESCRIPTION OF WELL AND I	Weil No. Pool Name, Including F	crmation Kind of Le	j								
	MCA Unit Sty 3	254 Maliamar 6	G-SA State, Fed	eral cr Fee LC 0572/0								
	Location			_								
	Unit Letter 0: 8/0 Feet From The S Line and 2080 Feet From The E											
	32 E MAGNA ACA Coun											
	Line of Section 2 Y Tow	namp / / /	<u> </u>									
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	de la contraction de la contra								
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approved copy of this form is to be sent)									
	Texas-New Mexic		Midland Texas	proved copy of this form is to be sent)								
	Name of Authorized Transporter of Cas		P. O. Box 1206, M.									
		Gasoline Plant No. 60 Unit Sec. Twp. P.ge.	Is gas actually connected?	When								
	If well produces oil or liquids, give location of tanks.	C 27 175 32E		NIA								
	If this production is commingled wit	<u> </u>										
ıv.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.								
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Frag Back Same 1100 11 2111 1100 11								
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.								
	Date Spudded											
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth								
				Depth Casing Shoe								
	Perforations			Deptili Gashing Silos								
	TUBING, CASING, AND CEMENTING RECORD											
			DEPTH SET	SACKS CEMENT								
	HOLE SIZE	0/10/10/10										
			<u> </u>									
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)				oil and must be equal to or exceed top allow-								
	OIL WELL Date First New Oil Bun To Tanks	s lift, etc.)										
	Edie First New Cil Hun 10 14m25	Date of Test										
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size								
				Gas-MCF								
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gus - MOr								
		<u> </u>										
	CAC 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								
			OH CONSE	NATION COMMISSION								
VI	. CERTIFICATE OF COMPLIAN	CE	, OIL CONSER	EVATION COMMISSION								
		A STATE OF CONTRACTOR	APPROVED	, 19								
	a distribution bear assembled to	regulations of the Oil Conservation with and that the information given		exten								
	above is true and complete to the	e best of my knowledge and belief.		BY Carry NEWS								
			TITLE District Su	TITLE District Supervisor								
	M		This form is to be filed	in compliance with RULE 1104.								
	7111/Mass	ason and		Howable for a newly drilled or deepened								
	- CHI (Men	nature)	well this form must be acco	mpanied by a tabulation of the deviation coordance 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. (Tale)

- 79

(Date)

PARTNERS FILE Separate Forms C-104 must be filed for each pool in multiply completed wells. NMOCD (5) 4395 (2)

RECEIVED

JUN 1 5 1979
OIL CONSERVATION COMM.
HOBES, N. M.