ſ	NO. OF COPIES RECE	IVED	<u>.</u>	
ı	DISTRIBUTION			
ı	SANTA FE		<u></u>	
	FILE U.S.G.S.			İ
١			İ	<u> </u>
]	LAND OFFICE			
- 1	TRANSPORTER	OIL	<u> </u>	
		GAS	<u>i </u>	
ļ	OPERATOR			
ı.	PRORATION OFFICE		1	<u> </u>
:	Coerator			

٢	NO. OF COPIES RECEIVED		is the) REFORM			
ŀ	DISTRIBUTION	NEW MEXICO OIL CON	ISERVATION COMMISSION	Form C-104			
-	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110			
}	FILE		AND	Effective 1-1-65			
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS				
ŀ	LAND OFFICE	AOTHORIZATION TO THE					
- 1	OIL						
	TRANSPORTER GAS						
	OPERATOR						
	PRORATION OFFICE						
1.	Operator			İ			
	Conoco Inc.						
	Address						
	P.O. Box 460,	Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:	Change of corpora	te name from			
	Recompletion	OII Dry Gas	Continental Oil C	ompany effective			
	Change in Ownership	Casinghead Gas Condens	ute July 1, 1979.				
	If change of ownership give name						
	and address of previous owner						
	DESCRIPTION OF WELL AND L	FASE					
11.	Lease Name	Well No. Pool Name, Including For		Lease No.			
	MCA Unit (14)	256 Maliamar G	-SA State, Federal or	Fee [(0)9405 (a)			
	Location	1050					
	7 750	C Feet From TheLine	and Feet From The				
	Unit Letter : 2	1 00.1 10 1					
	Line of Section Town	$_{\text{nship}}$ $17-5$ Range 3	2-E, NAPM, 200	County			
	Fine of eccusion & C						
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	the state from it to be centled			
111.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)			
	Navin Pireline	OMPANY	N. treeman Ave. Art	esia NM			
		inghead Gas or Dry Gas	Address (Give address to which approved	l copy of this form is to be sent)			
	COMOCO Tue	Malana Plant No. 60!	P.D. Box 2197, Ho	uston, 1x			
		Unit Sec. Twp. P.ge.	Is gas actually connected? When	wat A			
	If well produces oil or liquids, give location of tanks.	n 178 17 32	ves	<u> </u>			
		the form of the lease of pool of	give commingling order number:				
If this production is commingled with that from any other lease or pool, give commingling order number:							
			· · · · · · · · · · · · · · · · · · ·				
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
IV		Oil Well Gas Well	New Well Workover Deepen				
IV	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
IV	. COMPLETION DATA	$\operatorname{On} - (X)$ Oil Well Gas Well	New Well Workover Deepen Total Depth	P.B.T.D.			
IV	Designate Type of Completio	$\operatorname{On} - (X)$ Oil Well Gas Well	New Well Workover Deepen Total Depth				
IV	Designate Type of Completion	on — (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth			
IV	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,	on — (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.			
IV	Designate Type of Completio	Oil Well Gas Well On - (X) Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth			
IV	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Oil Well Gas Well On - (X) Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe			
IV	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc., Perforations	Oil Well Gas Well On - (X) Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth			
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Mamason	
(Fignature)	1
Division Manager	
(Tiela)	ı

NMOCD (5) USGS (2) Partners (19), File

OCT 2.2 1979	, 19
APPROVED ATTEM	
District Supervisor	

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.