ſ	HO. OF COPIES RECEIVED		CORRE	CTED REPORT
ł	DISTRIBUTION	NEW MEXICO OIL CO		Form C-104
T	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
F	FILE		AND	Effective 1-1-65
ŀ	<u></u>		NSPORT OIL AND NATURAL GAS	2
H	LAND OFFICE			5
ł				
	TRANSPORTER GAS			
ŀ	OPERATOR			
. ŀ	PRORATION OFFICE			
<b>.</b> +	Operator			
	Conoco Inc.			
ŀ	Address			
	P.O. Box 460,	Hobbs, New Mexico 8824	.0	
ł	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:	Change of corpora	te name from
	Recompletion	Oil Dry Ga		
	Change in Cwnership	Casinghead Gas Conden		Suparty critective
L				
1	If change of ownership give name			
i	and address of previous owner			
п.	DESCRIPTION OF WELL AND	Weil No.; Pool Name, Including F	Frind of Lease	Lease No.
	MCA Unit (310)	math	_SA State, Federal c	Feel (-R794/0 Cal
		243 Maljamar G		
			17115	(, )
	Unit Letter;;	5 Feet From The Lin	e and Feet From The	·
	20	17-5-	37-5 NMPM 200	County
	Line of Section Tov	vnship 175 Range	$\mathcal{D}\mathcal{L}$ , NMPM, $\mathcal{O}\mathcal{U}\mathcal{U}$	
			0	
Ш. <sub>.</sub>	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approved	i copy of this form is to be sent
	Name of Authorized . reisporter of Cit			XIM
	Navzio Pipeline	Lompany singhead Gas and or Dry Gas	N. Freeman Ave. Art	copy of this form is to be sent)
	Name of Authorized Transporter of Cas		DOD JUGD N.	+ $TV$
	CONO CO Lac	Maranar Kint NO. 60	P.D. Box 2191, Mo	USION, IX
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		x1/A
	give location of tanks.	D 28 1/ 22	yes	MA
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty			
				bild Dack Same uss in Ditte uss in
	Designate Type of Completic	$\operatorname{on} = (X)$		
	Designate Type of Completio		Total Depth	P.B.T.D.
	Designate Type of Completio Date Spuddea	Date Compi. Ready to Prod.	Total Depth	
	Date Spuddea	Date Compl. Ready to Prod.		P.B.T.D.
	Date Spuddea	Date Compl. Ready to Prod.	Top Oil/Gas Pay	P.B.T.D. Tubing Deptn
	Date Spuddea	Date Compl. Ready to Prod.	Top Oil/Gas Pay	P.B.T.D.
	Date Spuddea Elevations (DF, RKB, RT, GR, etc.,	Date Compi. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	P.B.T.D. Tubing Deptn
	Date Spuddea Elevations (DF, RKB, RT, GR, etc.,	Date Compi. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Top Oil/Gas Pay	P.B.T.D. Tubing Deptn Depth Casing Sho <del>o</del>
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	Date Spuddea Elevations (DF, RKB, RT, CR, etc., Perforations HOLE SIZE	Date Compi. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE	Top Oil/Gas Pay	P.B.T.D. Tubing Deptn Depth Casing Sho <del>o</del> SACKS CEMENT
	Date Spuddea Elevations (DF, RKB, RT, GR, etc., Petforations	Date Compil Ready to Prod.          Name of Producing Formation         TUBING, CASING, ANI         CASING & TUBING SIZE         OR ALLOWABLE (Test must be a	Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET ifter recovery of total volume of load oil an	P.B.T.D. Tubing Deptn Depth Casing Sho <del>o</del> SACKS CEMENT
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	Date Spuddea Elevations (DF, RKB, RT, GR, etc., Perforations HOLE SIZE TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks Length of Test Actual Prod. During Test	Date Compi. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this d. Date of Test Tubing Pressure	Top Oil/Gas Pay Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET ifter recovery of total volume of load oil an epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, Casing Pressure	P.B.T.D. Tubing Deptn Depth Casing Shoe SACKS CEMENT d must be equal to or exceed top allow etc.) Chore Size
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NMOCD (5) USGS (2) Partners (19), File

Division Manager

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SEP 2

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 allow-able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner, ell 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.