		CORRECTED REPORTS	
NO. OF COPIES RECEIVED			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.		AND VSPORT OIL AND NATURAL G	24
LAND OFFICE	AUTHORIZATION TO TRAF	SFORT OF AND NATURAL G	-5
IRANSPORTER OIL			
GAS	4		
	4		
I. PRORATION OFFICE			
Conoco Inc.			
Address D. O. D	Habba Nee Marda - 992/	2	
P.U. DOX 400 Reason(s) for filing (Check proper bo)	, Hobbs, New Mexico 8824	U Other (Please explain)	
New Well	Change in Transporter of:	Change of corpor	ate name from
Recompletion	Cil Dry Gas		Company effective
Change in Ownership	Casinghead Gas Condens	sate July 1, 1979.	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo		cr Fee L(- 00034/
MCA Unit Bly. 3	312 Maljamar G	-24	LL U(U)34/
	65 Feet From The N_Line	and 125 Feet From T	ine E
Unit Letter <u>[]</u> ; <u>2</u> 2	↓ Feet From The /V Line		
Line of Section 22 To	ownship 17-5 Range	32-E, NMPM, Jec,	County
	TTO AT AND NATURAL CA	5	
III. DESIGNATION OF TRANSPOR	ITER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
Texas-New Mex		Midland Texas	
Name of Authorized Transporter of C	asinghead Gas 😿 cr Dry Gas 🚞	Address (Give address to which approv	ed copy of this form is to be sent)
CONOCO Incl	Maljanar Plant No. 60	P. D. Box 219 , Ho Is gas actually connected?	uston, 1X
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Ves	NIA
give location of tanks.	with that from any other lease or pool,		
If this production is commingled w IV. COMPLETION DATA			Plug Back - Same Resty. Diff. Resty.
Designate Type of Complet	ion - (X)	New Weil Workover Deepen	Plug Back Same Nesw. Din Nesw.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date spassa			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
		L	Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	uble joi this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)
Date First New Cil Run To Tanks	Date of Test	Producting Method (1 1000, Pamp, 200 14	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	011-3bla.	Water-Bbls.	Gas-MCF
		1	
CACINETT			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Out of the state	Cheke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
			TION COMMISSION
VI. 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		OIL CONSERVATION COMMISSION	
		above is true and complete to the best of my knowledge and belief.	
A. I		THILE District Supervisor This form is to be filed in compliance with RULE 1104.	
Allen and		an it is a second for allo	wable for a newly drilled or deepened
- (///lein	enaiwe)	I shake from must be accompt	
Division Mar	nager	tests taken on the well in acco	ust be filled out completely for allow
		Urr sections of the south the	11.

	(Menature)	
Divisio	on Manager	
motomolie	) 1979	
MMOCD (5) USGS (	2), Partno	rs (19), F, le

tests taken on the well in accordance with	RULE IIII
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, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.