_			RRECTED REPORT		
L	NO. OF COPIES RECEIVED			-	
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C+104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
- 1	FILE		AND	Effective 1-1-65	
t	U.S.G.S.	ALITHODIZATION TO TO	ANSPORT OIL AND NATURAL (245	
-	LAND OFFICE	AUTHORIZATION TO TR	MINSPORT OIL AND NATURAL (3A3	
- 1					
	TRANSPORTER OIL				
	GAS				
l	OPERATOR				
1.	PRORATION OFFICE				
``	perator				
l	Conoco Inc.				
	ddress				
	P.O. Box 460, Hobbs, New Mexico 88240				
1			Other (Please explain)		
	Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of:	Change of corpo	rate name from	
	Recompletion	Oil Dry	Gas 💹 Continental Oil	Company effective	
	Change in Ownership	Casinghead Gas Cond	July 1, 1979.	. ,	
1					
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE	Formation Kind of Leas	se egse }\o.	
	Lease Name	Well No. Pool Name, Including	· 1	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	MCA Unit (3) 1.3	2 6 Maliamar	G-SA State, Feder	g or Fee LCO29509 (b)	
	Location			1	
	M 100	5 Feet From The	ine and 1295 Feet From	The (1)	
	Unit Letter : 1	Treet From The	The und 12 13 1 eat 1 foli	The	
	37	mship 17.5 Range	32.E , MAMM, 200	County	
	Line of Section Tow	manip 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03 C ,		
			240		
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL O	Address (Give address to which appro	and convert this form to to be cently	
	Name of Authorized Transporter of Cil	or Condensate		over copy of this form is to be sent,	
	Texas-New Mexico Midland Texas				
	Name or Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)	
	CONOCO Ine Maljanar Plant No. 60 P.O. Box 2/97, Houston, TX				
	CON OCO. TREETA	Unit Sec. Twp. Ege.		her	
	If well produces oil or liquids,	C 07 17 37	1 1	NIA	
	give location of tanks.		Z YES	/ / / / /	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	COMPLETION DATA			
	D T IC last	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
	Designate Type of Completion	$\operatorname{on} = (X)$		1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	EL	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top On/ Gus Puy	Tubing Deptin	
				1 2 1 2 1 2 1	
	Perforations			Depth Casing Shoe	
		TUBING, CASING.	AND CEMENTING RECORD	<u>-</u>	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	NOCE 3122	0			
					
		ļ			
		<u> </u>		<u> </u>	
ν	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must b	e after recovery of total volume of load of	il and must be equal to or exceed top allo	
•	Oll. WELL able for this depth or be for full 24 hours)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
	Length of feet	1.000.0			
				Gas - MCF	
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gds-MCr	
		<u> </u>			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Nordat Linds 1 and - Mich D				
		<u> </u>	Code Barrier (Chub (n)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CROKE SIZE	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
* *	. CLIVIII CHILL OF COMPLIAN	· - —	BET 2.3	ATION COMMISSION	
			ADDOMED TO TO TO		

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.

(Fignature) Division Manager (Title)

NMOCD (5) USGS (2), Partners (19), F, le

TATLE -This form is to be filed in compliance with RULE 1104.

District Supervisor

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 pleted wells.