NO. OF COPIES RECEIVED		CORRECTED REPORT		
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11	
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
IRANSPORTER OIL GAS				
OPERATOR				
	<u>.</u>			
Conoco Inc.	<u> </u>			
	0, Hobbs, New Mexico 8824			
Reason(s) for filing (Check proper b) New Well	or) Change in Transporter of:	Other (Please explain)		
Recompletion		Change of corpor	ate name from Company effective	
Change in Ownership	Casin-phead Gas Conder		company effective	
If change of ownership give name				
and address of previous owner	DIEASE			
Lease Name MCA Unit Al.)	Well No. Pool Name, Including F	ormation Kind o. Lease SA State, Federal	Lease No.	
Location	310 Maljamar G	-	or Fee LC-057210	
Unit Letter ;	5 Feet From The DLIr	ne and 1295 Feet From T	he	
Line of Section 28	ownship 175 Range	32 E , NMPM, 100	County	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent	
Novi Pireling	Company		tesia NM	
Name of Autobrized Transporter of C	Dasinghead Gas C: Dry Gas		ed copy of this form is to be sent)	
CONOCO Inc	Maljanar Kint No. 60	P.D. Box 2197, He	uston, TX	
If well produces oil or liquids, give location of tanks.	Chit Sec. I'wp. Hge.	Is gas actually connected? When	N/A	
If this production is commingled v IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Comple	tion = (X)	New Well Workover Deeren	Plug Back Same Resty, Dirf. Resty,	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe	
	TUBING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		i 		
		· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of load oil a opth 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	Choke Size	
Actual Prod. During Test	Oil-Bbla.	Water-Bbis.	Gas-MCF	
		l	<u> </u>	
GAS WELL		Bula Castoria		
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	
VI. CERTIFICATE OF COMPLIA	NCE		TION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED DUI 201912 . 19		
	with and that the information given he best of my knowledge and belief.	BY Chain AT	Kimi	
A 1		TITLE District Super	visor	
And!	aller	This form is to be filed in c	ompliance with RULE 1104,	
		If this is a request for allow	able for a newly drilled or deepene ied by a tabulation of the deviatio	
Division Mar	gnatwej 🔨 Lager	tests taken on the well in accord	lance with RULE 111.	
	Title)	All sections of this form mus able on new and recomplexed we	t be filled out completely for allow lis.	
CED 91	1070	11	III and VI for changes of owner.	

	<u>SEP 21 1979</u>	
NMOCD (5)	usas (2) Partners (19), F.	le

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.