NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
, HANSFORTER	GAS		
OPERATOR			
PRORATION OFFICE			

1	NO. OF COPIES RECEIVED	•		
1	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
+	SANTA FE	· · · - · · · · · · · · · ·		Supersedes Old C-104 and C-110
	SANIAFE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
1	FILE		AND	
- 1	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
ŀ	LAND OFFICE	AGINGKIZATION TO THE		_ •
- }				
1	TRANSPORTER OIL	1		
ļ	GAS			
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1.	PRORATION OFFICE	<u> </u>		
İ	Cperator			
ł	Conoco Inc.			
- 1	Address			
- 1				i
	P.O. Box 460,	, Hobbs, New Mexico 8824	.0	
T I	Reason(s) for filing (Check proper box,)	Other (Please explain)	
1	New Well	Change in Transporter of:	Change of cor	porate name from
	—			
Į	Recompletion	OII Dry Ga	s 🗀 Continental O	il Company effective
ĺ	Change in Ownership	Casinghead Gas Conder	sate 🔲 July 1, 1979.	
ı				
	If change of ownership give name			
	and address of previous owner			
	•			
11	DECODIDATION OF WELL AND	I E ISE		
11.	DESCRIPTION OF WELL AND	LEASE. Well No.; Pool Name, Including F	ormation Kind of L	ease Lease No.
	Lease Name	7 -	<u> </u>	¥ C 0 C = 2 10
	MCA Unit	- 321 Maliamar E	State, Fe	leral or Fee
	Location			,
	i		76	1)
	Unit Letter;_/3	45 Feet From The Lin	e and 75 Feet Fr	om The
	27 7	wnship 175 Range	32E, NMPM, /	County
	Line of Section A Tou	wnship // Annge	,	
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.S	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	proved copy of this form is to be sent)
	31- 34		Midland Tours	
	1exas-New Mexi	(<u>)</u>	Mila land lex-12	oproved copy of this form is to be sent)
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which a	oproved copy of this form is to be sent)
	Continental Oil Co. 1	Fosoline Plant No.60	P. D. Pax 1206, M	aliamar NM
	Continental Oil Co. 1		Is gas actually connected?	When
	If well produces oil or liquids,		is gas actually commented.	x I A
	give location of tanks.	27 173 32/	ves	
		at at at free new other lease or pool	give commingling order number:	
		th that from any other lease or pool,	Sive committed and mamper.	
	COMPLETION DATA	Can Wall	Now Wall Workover Deepen	Plug Back Same Besty, Diff. Besty,
		Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completion		New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	on - (X)	New Weii Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			1 1 1	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Designate Type of Completion	on - (X)	1 1 1	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
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VI.

(Menature) Division Manager • • (Title)
-6 - 79
(Date)

NMOCD (5) USSS (2) PARTNERS FILE 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 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.

RECEIVED

JUN 1 5 1979 OIL CONSERVATION COMM.

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