COPTICTED REPORT

40. OF COPIES RECE	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		
Operator		

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	CAS					
	LAND OFFICE	AUTHORIZATION TO TRAI	NS ORT OIL AND NATURAL	GAS					
	TRANSPORTER OIL	I							
	GAS	-							
	OPERATOR								
1.	PRORATION OFFICE Operator	<u> </u>							
	Conoco Inc.								
	Address								
P.O. Box 460, Hobbs, New Mexico. 88240 Reason(s) for filing (Check proper box) New We!l Change in Transporter of: Recompletion Oil Dry Gas Continental Oil Company effective									
						Change in Ownership	Casinghead Gas Condens		·
									,
						If change of ownership give name and address of previous owner			
	•								
II. DESCRIPTION OF WELL AND LEASE Lease Name									
				1 4					
	MCA Unit	1994 Mallawar CI	-3A state, 1 cas	(50691, 13					
		E \ \/	75	14/					
	Unit Letter : 31	Feet From The // Line	e and Feet From	The VV					
	Line of Section 25 Tow	viship 175 Range	3)-8 , NMPM, 2)	County					
	Zine of occion	The state of the s							
Π.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)					
	Novaio Pipeline	Lompany	N. treeman Ave. A	rtesia NM					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appr						
	CONO GO Lac.		P.D. Box 2197/	louston, 1x					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	N/A					
	give location of tanks.	JF 26 11 32	yes	NIA					
		h that from any other lease or pool,	give commingling order number:						
٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio	n - (X)	1 1						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
		TURING CASING AND	CENENTING BECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	HOLL SIZE	CASING & 1021NO 5122							
v.	TEST DATA AND REQUEST FO	T DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-							
	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas	Title and					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Ptow, pump, gas	iiji, eicij					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Length of feat	Tubing Plasade	Gashiy 1 issues						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
			<u> </u>						
	GAS WELL								
	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					
	·	<u> </u>	1						
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERV	ATION COMMISSION					
		hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		1979					
	I hereby certify that the rules and r Commission have been complied w			APPROVED UI 7.0 AT 19					
above is true and complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief.		BY Chilly Rylling							
		TITLE District Supervisor							
		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,							
					NMOCD (5) USGS (2) Partners (19), File			well name or number, or transpo	orten or other such change of condition.
					•	and the second of the second o	· · · · · · · · · · (17), File	Separate Forms C-104 mi completed wells.	ust be filed for each pool in multiply