DREECTED REPORT!

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	DISTRIBUTION		1	
	SANTA FE			
	FILE			
	U.S.G.S.			
1.	LAND OFFICE			
	I RANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			
	Charates			

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NO. OF COPIES RECEIVED		•	WE OF THE OWN
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	I GAS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Conoco Inc.			
Address			
P.O. Box 460	, Hobbs, New Mexico 8824	40	!
Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:	Change of cor	porate name from
Recompletion	OII Dry Go		il Company effective
Change in Ownership	Casinghead Gas Conder	1 1 1	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	TEACE		
Lease Name ,	Well No. Pool Name, Including F	ormation Kind of L	eqse Lease No.
MCA Unit (Ph)	350 Ms); Sms= 6	State, Fed	deral or Fee 1 (- (5 8 / 9 9
Location	wor allower c		— L () () () ()
1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15 5	1795	1.)
Unit Letter ; 00	Feet From The Lin	ne and 775 Feet Fro	om The
Line of Section To	wnship 7-5 Range	3)-E, NMPM,	100 Sametre
Line of Section 29 10	with Hange	32 C , MINIPAN,	Sec County
DESIGN ATION OF THANSPOR	TED OF OU AND NATURAL CA	S	
Name of Authorized Transporter of CL	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent;
Namia Proglas	()	111 7	1-Los - XIM
Name of Authorized Transporter of Ca	singhead Gas To or Dry Gas	N. treeman Ave. A	proved copy of this form is to be sent)
00110-0		Do D 2/67	the transfer of this form is to be sent)
CONOGO Lac	Marjanar Kant NO. 60	14.0.00x214./1	TOUSTON, IX
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	1 16 1 1 32	yes	XI/A
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	loit with location		Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Bdck Sdme Mesry. Dill. Hesry.
	_,		
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
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	·		
	·		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			•
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
		- A	
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)	Choxe Size
			.
		<u> </u>	
CERTIFICATE OF COMPLIAN	CE	OIL CONSER	EVATION COMMISSION
		APPROVED OCT 2	3 19/19/2
	regulations of the Oil Conservation		1, 1
	with and that the information given e best of my knowledge and belief.	BY Cases K	Year
to the one complete to the			7 "

VI.

Division Manager

SEP 21 1979 NMOCD (5) USGS (2) Partners (19), File

THILE 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, 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.