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	SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104 Supersedes Old C-104 and C-110		
	FILE	AND Effective 1-1-65					
-	U.S.G.S.						
		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	-					
	TRANSPORTER OIL						
	GAS	1					
	OPERATOR	-					
1.	PRORATION OFFICE						
	Conoco Ina						
	Conoco Inc.						
	Address D. C. D. 1400 H. I.I. N. 14 1 1 00040						
	P.O. Box 460, Hobbs, New Mexico 88240						
	Reason(s) for filing (Check proper box		Other (Please	•	,		
	New Well	Change in Transporter of: Change of corpora					
	Recompletion	OII Dry Gas Continental Oil (any effective		
	Change in Ownership	Castrahead Gas Condensate July 1, 1979.					
	If change of ownership give name and address of previous owner						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, including F	crmation	Kind of Lease	Lease No.		
	PearlB	4 Maljamar	(G-SA)	State, Federal or Fe	· LC 058697(b)		
	Location)			1		
	Unit Letter $$; $\frac{380}{2}$	D Feet From The S Lir	ne and	Feet From The	W		
	Line of Section 25 Tov	waship 17 Range	32 , NMPM	. Lea	County		
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
		or Condensate	Address (Give address t	0 +			
		or Condensate	Address (Give address t	Artesia N	M		
	Navajo Refinina Name of Authorized Transporter of Cas	or Condensate	Address (Give address t	Artesia N			
	Navajo Refinina Name of Authorized Transporter of Cas	or Condensate	Address (Give address to Address (Give address to DO)	Artesia No which approved con	M		
	Navajo Refinina Name of Authorized Transporter of Cas	or Condensate singnead Gas & or Dry Gas - Mayamar Plant Unit Sec. Twp. Ege.	Address (Give address to Address (Give address to Address (Give address to Ad	Artesia No which approved con Houston, T	by of this form is to be sent)		
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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature) Division Manager

(Title) 79 (Date)

NMOCD (5) しらららくるろ

FILE

OIL CONSERVATION COMMISSION

District Supervisor TITLE

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.