NO. OF TOPIES RECEIVED		) RRE	CLED KELOKE
DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE	]	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS
LAND OFFICE			
I HANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Cperator			
Conoco Inc.			
Address			
	, Hobbs, New Mexico 8824		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpor	
Recompletion	OI! Dry Gas	1 1 1	Company effective
Change in Cwnership	Casinghead Gas Condens	Sate July 1, 1979.	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		<u></u>
Lease Name	Meir No. Poor Name, Including Fo	_ •	Lease No.
MCA Unit (Dlu, 4	124 Maljamar G	-SA State, Federal	or Famil (-058697 (b)
Location	, , , , , , , , , , , , , , , , , , , ,	1000	
Unit Letter C :	Feet From TheLine	e and $1980$ Feet From T	he
Line of Section 70	wnship Range 3.	3-E, NMPM, ÖC	County
	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of CI	or Condensate 🗔	Address (Give address to which approve	eu copy of this form is to be sent;
Navaio Pipeline	Company	N. Freeman Ave. Ar	tesia NM
Name or Autobrized Transporter of Ca	singnead Gas or Dry Gas	Address (Give address to which approve	ed copy of fais form is to be sent;
VONOCO Inc	Malanar Lant No. 60	P.D. Box 2197, Ha	ouston, IX
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? When	1
give location of tanks.	A DG 17 32	ves	<u> </u>
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	,		
	Gil Well Gas Well	New Well Workover Deepen	Plug Back Same Rests. Diff. Restv.
Designate Type of Completion	on $-(X)$	1	1
Date Spuddea	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		i	<u> </u>
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil a	and must be equal to or exceed top allow
OIL WELL	able for this de	psh or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	t, etc.)
			···
Length of Test	Tubing Preseure	Casing Pressure	Choke Size
Actual Pred. During Test	Cil-Bb.s.	Water-Bbls.	Gas-MCF
GAS WELL			T
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
			1
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
		Ont : a	10 76c)
I hereby certify that the rules and regulations of the Oil Conservation		APPROYED, 19	
Commission have been complied	with and that the information given	Toy Corner Sex	time
above is true and complete to th	ne best of my knowledge and belief.	81	
		TATLE District Super	rvisor
(A)		This form is to be filed in c	compliance with Bull F 1104
1/4/1/2		Inia form is to be filed in c	Compilence with MORE 1104.

## VI.

III.

IV.

Division Manager

SEP 21 1979

NMOCD (5) USGS (2) Partners (19), File

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

SEP271

O.C.D. HOBBS OFFICE