1.	NO. OF COMITA RECEIVED       DISTINIBUTION       SANTA FE       FILE       U.S.G.S.       LAND OF FICE       TRANSPORTER       OIL       TRANSPORTER       OPEF / TOR       PROLATION OFFICE       Operator		FOR ALLOWABLE	ON URAL GAS	Riim C+104 Supersedes Old C+104 and C+1}; Effective 1+1+65
			as 📋 Conoco, Inc	<pre>ivery of lo ., was made</pre>	w pressure gas to at 10:00 A.M.
Ħ.	and address of previous owner DESCRIPTION OF WELL AND Lease Name Laguna Deep Unit Feder Location Unit LetterG;165 Line of Section 35 Tor	Well No.     Pool Name, Including F       a1     1     East Gem Morro       0     Feet From The North Li	ow Gas Stat	i of Lease e, Federal or Fee eet From The Lea	
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oll The Permian Corporation Name of Authorized Transporter of Cas Conoco, Inc. Llano, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled with	or Condensate X Permian (Eff. 9 / 1 /87) singhead Gas or Dry Gas X (Lo Press.) (Hi Press.) Unit Sec. Twp. Pge. G 35 19-S 33-E	Address (Give address to wh P. O. Box 1183 Address (Give address to wh P. O. Box 1267 P. O. Box 1220 Is gas actually connected? Yes Yes	- Houston - Ponca C: - Hobbs, J - When April 24 Sept. 24	of this form is to be sent) , Texas 77001 of this form is to be sent) Ity, Okla. 74601 New Mexico 88240 +. 1980
I <b>V</b> .	COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	New Well Workover De Total Depth Top Oll/Gas Pay	Plug Bo	D.
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	Depth C	SACKS CEMENT
	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred. During Test		(ter recovery of total volume of pth or be for full 24 hours) Producing Method (Flow, pum Casing Pressure Water-Bbis.		
	GAS WELL Actual Frod. Tosi-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity Choke S	of Condensate
1	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complete with and that the information given above is true and complete to the beat of my knowledge and belief.		OIL CONSERVATION COMMISSION          APPROVED       MAN       (980)         BY       Orig. Signed by         Jerry Sexton         TITLE       Dist 1. Supy.		
 	j-T. Junctiff R. T. Shurtleff District Production Superintendent (Tule) May 15, 1980		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 filed out completely for allow- able on new and recompleted wells. This cut only bactrice I. 11. 111. In C. White changes of our well have an arcomplete models. This cut only bactrice I. 11. 111. If the changes of our well have a determined the aparts of other is the change of condition beginster bound C-104 must be filed for each pool in multiply to output wells.		