40. OF COPIES *ECCLIVED	<del>-</del>			
	<b>_</b>		_	
DISTRIBUTION		CONSERVATION COMMISSION	Form C-104 Supersedes Via G-104 and C-11	
SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-55	
FILE		AND	_	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	5	
LAND OFFICE				
TRANSPORTER GAS	_			
OPERATOR	7			
PROBATION OFFICE	<del></del>			
Cperator Cperator				
Conoco Inc.				
Address				
P. O. Box 46	O, Hobbs, New Mexico 832	240		
Reason(s) for tiling (Check proper b	-,	Other (Please explain)		
	Change in Transporter of:	Change of corporat	o namo from	
New Well				
Recompletion	ÿ ——————————————————————————————————	Continental our oc	ompany effective	
Change in Cwnershipl	Castnahead Gas Cond	ensate July 1, 1979		
If change of ownership give name and address of previous owner  1. DESCRIPTION OF WELL AN   Lease Name		Formution Kind of Lease	Leas <b>e</b> No.	
State A-26	1 Eumout (	Jueen 605 State, Federal o	1 Fee 3-2656	
Location	1/2	110	)	
Unit Letter M;	660 Feet From The 5 L	line and 660 Feet From The	$\nu$	
2/			ea County	
I. DESIGNATION OF TRANSPO Name of Authorized Transporter or	RTER OF OIL AND NATURAL G	Address (Give address to which approved	icopy of this form is to be sent;	
		Address (Give address to which approved	i none of this form is to be sent.	
Name of Authorized Transporter of El Paso Nati	ral Gas Company	Box 1384 Jal	, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. / Rge.	is gas detainy connected?		
	with that from any other lease or poo	l, give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back - Same Resty, Diff. Rest	
Designate Type of Comple	etion - (X)		1 4	
	i .	Total Depth	P.3.T.D.	
Date Spuaded	Date Compi. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	1			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil an	nd must be equal to or exceed top allo	
OIL WELL	able for this	depth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	erc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-				
Actual Prod. During Test	Cil-Bbls.	Water-Bbis.	Gas - MCF	
Actual Floar During Feet	ļ <del></del>			
0.45 11:57 7				
GAS WELL	It are to all Trans	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Dots. Condensate/MMCF	Grantly of Collegendate	
			Chake Siec	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVAT	OIL CONSERVATION COMMISSION	
VI. CERTIFICATE OF CONFEDANCE		2 JUN 60 13/13 /2		
P. Caralyn, warrander all to other miles -	nd regulations of the Oil Conservation	ll spanoved	, 19	
Commission have been complied	d with and that the information give	en ( / /// /// ///	JA Ton	
about in the and complete to	the best of my knowledge and belie	I I BY YOU'VER	Color Color	

MYOCD (5) FILE

District Supervisor

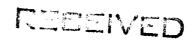
This form is to be filed in compliance with RULE 1104.

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.



JUNID 5 1979
OIL COMSERVATION COMM.
NOOUS, N. M.