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SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUEST FOR ALLOWABLE Supersedes Did G-104 and G-11		
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL			
TRANSPORTER GAS	-		
OPERATOR	-		
PROBATION OFFICE			
Operator			
Conoco Inc.			
Address			
P.O. Box 460	, Hobbs, New Mexico 88	3240	
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpor	ate name from
Recompletion	OII Dry		Company effective
Change in Cwnership		densate July 1, 1979.	company effective
		July 1, 1979.	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE . , Aeil No.: Poor Name, Including	g Formation Kind of Lease	e Ledse (a.
State A-26	1 Eunice Mon	nument Er-SA State, Federa	<u> </u>
Unit Letter	60 Feet From The 5	Line and 660 Feet From 1	The W
Line of Section 26 To	waship 19-5 Range	36-E, NMPM, LES	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Ci	Condensate	Address (Give address to which approv	ved copy of this form is to be sent)
lexas-New Me	xico Pipeline Co.	Box 1510 Midle	and Texas
Name or Authorized Transporter of Co	singnedd Gas or Dry Gas	Address (Give address to which approv	ved copy of this form is to be sent;
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or poo	ol, give commingling order number:	
Designate Type of Completi	on - (Y)	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty
	<u> </u>		
Date Spuadea	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
20 5 200			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
		_L	Depth Casing Shoe
Perforations			Depth Casing Snoe
			
		AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			
	1		ļ
			<u> </u>
	OR ALLOWABLE (Test must b	e after recovery of total volume of load oil of depth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t. etc.)
Date First New Off Han 10 Tanks	Date of 1991	Freducing Method (From, pump, gas tt)	.,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Faudity of fast	. asing measure	Oceand Liesema	C
Actual Prod. During Test	Cil-Bbla.	Water - Sbis.	Gas-MCF
ļ			<u></u>
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)	Choke Size
VI. CERTIFICATE OF COMPLIAN	CE	11 IIN 26	TION COMMISSION
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JUN & U	1999
Commission have been complied above is true and complete to the	with and that the information give	en (/ ex /	100 Von

NMOCD (5)

FILE

District Supervisor

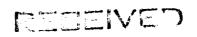
This form is to be filed in compliance with RULE 1104.

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.



JUN 25 1979 OIL COMSERVATION COMMA, ROLLS, N. M.