ſ	NO. OF COPIES RECE	IVED		1			
	DISTRIBUTION						
	SANTA FE FILE U.S.G.S. LAND OFFICE						
,	TRANSPORTER	OIL GAS					
	OPERATOR	·					
I.	DECDATION OFFICE						
٠.	Operator						
	Conoco Inc.						
		P.O. Box 460, Hobbs,					
	Reason(s) for filing	_	proper box	)			
	New Well	<u>X</u>		(			
	Recompletion			(			
	Change in Ownershi	₽∐		(			
II.	DESCRIPTION O	F WEL	L AND	LEAS			
	State	A-2A					
	Location						
	Unit Letter		3.3				
		P	_ ;;	30			
	Line of Section			wnship			
III.		2	То	wnship			
III.	Line of Section  DESIGNATION C  Name of Authorized	2 OF TRA	To ANSPOR orter of Of	TER			
111.	DESIGNATION C Name of Authorized	2  OF TRA  Transpo	To ANSPOR orter of Of	TER (			
III.	DESIGNATION C Name of Authorized	2 DF TRA Transpo	ANSPOR orter of Or orter of Co	TER (			
	Line of Section  DESIGNATION C  Name of Authorized  E1 Pa  If well produces oil	2 DF TRA Transpo Transpo So Na or liquiks.	ANSPOR orter of Officer of Contural	TER 1 Singher Gas Unit			
	DESIGNATION C Name of Authorized  Rame of Authorized  E1 Pa  If well produces oil give location of tan  If this production is	Transport So Na or liquides.	ANSPOR orter of Contract tural ds,	TER (			
	Name of Authorized  E1 Pa  If well produces oil give location of tan  If this production is	Transport So Na or liquides.	ANSPOR orter of Contract tural ds,	TER (			
	DESIGNATION C Name of Authorized  E1 Pa  If well produces oil give location of tan  If this production is COMPLETION I  Designate Ty	Transpo Transpo So Na or liqui- ks.	ANSPOR orter of Contural day, day,	TER ( TSingher  Gas  Unit  Ith tha			

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			Form C-104 Supersedes Old C-104 and C-110	
SANTA FE FILE	REQUEST FOR ALLOWABLE Effe			Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAN	AND RANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AOTHORIZATION TO TRAI	TO ONE OIL AND TAKE			
TRANSPORTER OIL					
GAS	_				
PRORATION OFFICE				<u></u>	
Operator					
Conoco Inc.					
P.O. Box 460, Ho	obbs. NM 88240				
Reason(s) for filing (Check proper box		Other (Please expl	ain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas  Casinghead Gas Condens	<b>=</b> 1			
Change in Ownership	Casinghead Gas Condens	sate []			
f change of ownership give name					
nd address of previous owner					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kine	d of Lease	Lease No.	
Lease Name State A-2A	5 Skaggs Abo Gas	۱	e, Federal or Fee	B-2656	
Location State N 211	3 0.00	***		1-,	
Unit Letter P; 33	30 Feet From The South Line	and F	eet From TheE	ast	
				County	
Line of Section 2 To	ownship 20S Range 3	ZE , NMPM,	Lea	County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of O	il or Condensate	Address (Give address to wh	ich approved copy	of this form is to be sent)	
1.7	asinghead Gas or Dry Gas X	Address (Give address to wh	sich approved copy	of this form is to be sent)	
Name of Authorized Transporter of C El Paso Natural		PO Box 1492, E1 F			
	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	P 2 20S, 37E	Yes	7-1-	88	
f this production is commingled w	with that from any other lease or pool,	give commingling order nur	nber:		
COMPLETION DATA	Oil Well Gas Well			ack   Same Resty, Diff. Resty	
Designate Type of Complet	ion = (X)	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	.D.	
	A Desire to Food Man	Top Oil/Gas Pay	Tubing	Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ony Gus 1-uy		•	
Perforations			Depth	Casing Shoe	
	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
HOLE SIZE	CASING & I UBING SIZE				
				·	
				*	
		1		he could be as averaged ton allow	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)		t be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	imp, gas lift, etc.)		
			Choke	Size	
Length of Test	Tubing Pressure	Casing Pressure	Chore	7 3124	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-1	MCF	
Actual Frod. During 1000					
GAS WELL		Bbls. Condensate/MMCF	Gravi	ty of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bata. Condensate/MMC1		.,	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke	e Size	
CERTIFICATE OF COMPLIA	ANCE	OIL CO	NSERVATION	COMMISSION	
		ARREOVED	JAN 3	0 1989 . 19	
I hereby certify that the rules an Commission have been complied	APPROVED	ORIGINAL SIGNED BY JERRY SEXTON			
above is true and complete to	the best of my knowledge and belief.	BY	DISTRICT	I SUPERVISOR	
$\mathcal{A}_{1}/\sqrt{3}$		TITLE			
		This form is to be	e filed in complia	ance with RULE 1104.	
1 het to	D. F. Finney	75 41 1- 1- 2 22200	. for allowable for	or a newly drilled or despend	
<i>1 ' Z 1 1 1 1 1 1 1 1 1 1</i>	Ignature)	well, this form must b	e accompanied by	with RULE 111.	
Administrative		All sections of th	is form must be f	illed out completely for allo-	
	(Mile)	able on new and reco	TIT TE	and VI for changes of owner	
August 1, 1988	(Date)	well name or number, o	or transporter, or c	other such change of conditionities ited for each pool in multip	
		C E		ioi esch bool in mett.	

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.

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