1230-63-666	. C3				
JISTRIBUTIO		•			
IAFE					
Ξ					
.G.S.			<u> </u>		
ND OFFICE			<u>:</u>		
ANSPORTER	OIL	!			
	GAS				
ERATOR			1		
COATION CE	ICE	1	į		

) STRIBUTION TA FE	NEW MEXICO DIL CONSERVATION COMMISSIUM REQUEST FOR ALLOWABLE		Ŭī [.]	Form C-104 Supersedes 014 G-104 and C-11 Effective 1-1-55	
G.S. ND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
PERATOR PRORATION OFFICE					
Conoco Inc.					
P.O. Box 460,	Hobbs, New Mexico 8324	(40) (Other (Please e)	rplain)		
Reasons) for thing (Check proper box)	Change in Transporter of:	Change of	corporate	name from	
New Well	Cul Dry Gas Continental Oil Company effective				
Recompletion Change in Ownership	Casinahead Gas Conder	usate July 1, 1	.979		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND I	EASE.		(ind of Lease	Lease No.	
Lerse Name	64 Eumont Qu	Stimitton:	State, Federal or	Fee LC 03/696/6	
SEMU Eumant	64 Eumone Cre			F	
Leastion G 198	O Feet From The V LI	ne and <u>/980</u>	Feet From The		
Unit Letter 9 : 770	msnite 26 Ronge	37 , NMPM,	Lea	County	
I. DESIGNATION OF TRANSPORT	TER OF OUL AND NATURAL G	AS	ii-b approved	copy of this form is to be sent;	
I. DESIGNATION OF TRANSLOW Name of Authorized Transporter of CD	or Condensate	1 m (A).	usalla al	TOVE	
Shall Pipeline Co.		: Address Give address t	o which approved	copy of this form is to be sent)	
Name of Authorized Transporter of Car El Paso Natural Gas Co.	singhed 3.3 = - =	Box 1384, Jai Wound			
Shell Pipeline Co. Warren Petroleum Corp. If well produces oil or liquids,	Unit Sec. Twp. Pige.	is gas activally connecte	When I		
intion of tooks.		I -ive communating order	number:		
If this production is commingled wi			Deepen	Plug Back Same Resty, Diff. Rest	
V. COMPLETION DATA	on - (X)	New Well Workover)		
Designate Type of Completi	Date Comp., Reday to Prod.	Total Depth		P.B.T.D.	
Oate Spudded		011/60-701		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Off/Gas Pay			
				Depth Casing Shoe	
Pettorations #		7.7.7.17.11.0.7.5.00	i		
	TUBING, CASING, A	AND CEMENTING RECOR	ET	SACKS CEMENT	
HOLE SIZE	CASING & TOBING SIZE				
	1				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must b	be after recovery of total vol	ume of load oil a	and must be equal to or exceed top all	
OIL WELL	able for thi	r depth or be for full 24 hou Producing Method (Flo	,		
Date First New Oil Bun To Tanks	Date of Test			1 Choke Size	
Length of Test	Tubing Plessure	Casing Pressure		Chore Size	
		Water-Bbls.		Gda-MCF	
Actual Prod. During Test	O11-3b16-				
CAC WELL				Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MN	1C.F		
Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Sh	ut-in)	Choxe Size	
		OIL	CONSERVA	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE			L.IN. A	0 196 /2 . 19	
T hereby certify that the rules a	nd regulations of the Oil Conserva	tion APPROVED		Tie Kon	
Commission have been complied	nd regulations of the old regulation good with and that the information go the best of my knowledge and be-	ilef. BY	reg	A Contract of the Contract of	
above is true and complete to	the best of my knowledge and be-	(/)	// Sun	ervisor	

(Signature) Division Manager (Title)

FILE

NMOCD (5) USSS(2) NMFUL(4) TITLE 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 deepene 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 allo-able 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 conditions well name or number.

Separate Forms C-104 must be filed for each pool in multip completed wells.

Carrier Const Research

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