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NO. OF COPIES RECE	CIVED		
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.		<u> </u>	
LAND OFFICE			L
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE			

<u> </u>	SANTA FE	NEW MEXICO OIL CON: REQUEST FO	R ALLOWABLE	Supersedes Old C-104 and C-11
}	FILE	Д	AND	Effective 1-1-65
 	U.S.G.S.		SPORT OIL AND NATURAL GA	S
-	LAND OFFICE			
<u> </u>	I RANSPORTER OIL			
	GAS			·
r	OPERATOR			
1.	PRORATION OFFICE			
	Operator			
	CONOCO INC.			
Γ	Address			ļ
L	P. O. Box 450, Hob	bs, N.M. 88240	Other (Please explain)	
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Olite, (1 todae automa)	
- 1	New We!I			
	Recompletion	Oll Dry Gas Casinghead Gas Condensar	T	·
L	Change in Ownership	Cashighead Gas		
1	If change of ownership give name			
	and address of previous owner	1.000 00	1	
		FASE Blown to 18 2 2	1 3/1/91	
П.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Form	nation 1-946 / Kind of Lease	Lease No.
	P_{i}	ory 11 Blinebry Oil	of Gas State, rederal	er Fee 4C-063458
	Location Unit Dine	1171		<u> </u>
	A la la	Feet From The NLine of	and lo (o) Feet From Ti	ne
	Unit Letter; 6 4			
	35 Tow	mship 20 Range	38 NMPM,	LEA County
	Line of Section 33 Tow			
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS		
111.	Name of Authorized Transporter of CII	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
	Canaca Inc Sackage	Transportation	PO Box 2587 1406 Address (Give address to which approv	65, NM
	Conolo Inc. Surface			ed copy of this form is to be sent)
	6.41 01/6		Funice NM Is gas actually connected? Whe	
	The stands		Is gas actually connected? Whe	n
	If well produces oil or liquids, give location of tanks.	E 29 20 38	V25	NI
		th that from any other lease or pool, gi	ive commingling order number:	
w	If this production is commingled with COMPLETION DATA			Plug Back Same Resty. Diff. Resty.
14.			New Well Workover Deepen	Plug Back Same Res'v. Diff. Hes'v.
	Designate Type of Completic			P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
				Tubing Depth
	Elevations (DF, RKB, RT. GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
				Depth Casing Shoe
	Perforations	•		
	Perforations		CEMENTING DECORD	
	Perforations	TUBING, CASING, AND		SACKS CEMENT
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
				SACKS CEMENT
			DEPTH SET	SACKS CEMENT
				SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
v	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
v	HOLE SIZE TEST DATA AND REQUEST FOUL WELL	CASING & TUBING SIZE OR ALLOWABLE (Test must be after able for this dependence)	DEPTH SET ter recovery of total volume of load oil ith or be for full 24 hours)	and must be equal to or exceed top allow
v	HOLE SIZE TEST DATA AND REQUEST F	CASING & TUBING SIZE	DEPTH SET	and must be equal to or exceed top allow
v	HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE OR ALLOWABLE (Test must be affected able for this deposition of Test)	DEPTH SET ter recovery of total volume of load oil ith or be for full 24 hours)	and must be equal to or exceed top allow
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v	HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be affected able for this dependent of Test) Tubing Pressure	ter recovery of total volume of load oil pith or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	and must be equal to or exceed top allow fi, etc.) Choke Size Gas-MCF
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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

Administrative Supervisor (Title)

8 1980

(Date)

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