DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	NEW MEXICO OIL CONSI REQUEST FOR		Form C-104
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	REQUEST FOR		Form C-104
TILE U.S.G.S. AU LAND OFFICE TRANSPORTER OIL GAS		ALLOWADIE	· 3 3 -1.04
LAND OFFICE IRANSPORTER OIL GAS	4A	ALLUMABLE	Supersedes Old C-104 and C-
LAND OFFICE IRANSPORTER OIL GAS		1D	Effective 1-1-65
TRANSPORTER OIL GAS	THORIZATION TO TRANSP	ORT OIL AND NATURA	L GAS
OPERATOR			
PRORATION OFFICE ;			
Conoco Inc.			
Address	N N : 000/0		
P.O. Box 460, Hobbs	, New Mexico 88240	10:1	
Reasons) for filing (Check proper box) New Well Than		Other (Please explain)	_
Recompletion Cil	ge in Transporter of; Dry Gas		oorate name from
===	caneda Gas Condensate		1 Company effective
		□ July 1, 1979.	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Legise Jame West			25450
_ocation	Drinkard	State, 1 ec	MM-2SI
Unit Letter <u>F : 1980</u> Feet	From The North Line and		om The West
Line of Pection 9 Township	9/-S Pange 3	7-E, NMPM, J	Q County
DEGLES ATION OF TRANSPORTER OF	AND MARKINAN CAR		
DESIGNATION OF TRANSPORTER OF O		ress (Give address to which ap	proved copy of this form is to be sent)
Name pr Authorized Transporter of Casinghead Ga	s or Dry Gas 🗶 Add	ress (Give address to which ap	proved copy of this form is to be sent)
Setter Dil Compan		Eleviso m. M	1
if well produces all or inquias,	Twp. Rge. Is g	as actually connected?	
it well kloddess All of Itidaias.			When
give jocation of tanks.	9 215 516	uen	When
<u> </u>	9 215 316	yes	
If this production is commingled with that from COMPLETION DATA	n any other lease or pool, give		R-5689
If this production is commingled with that from			R-5689
If this production is commingled with that from COMPLETION DATA Designate Type of Completion — (X)	On Well Gas Well New	commingling order number:	R-5689
If this production is commingled with that from COMPLETION DATA Designate Type of Completion — (X)	Oil Well Gas Well New	commingling order number:	R-5689
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Division Manager

(Title)

JUL 2 5 1979

NMOCD (5) NMPh (4)

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.