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SANTA FE	1	CONSERVATION COMMISSION	Form C-124 Supersedes VII G-104 and C-1
	H REQUES	T FOR ALLOWABLE	Effective 1-1-65
FILE	-	AND	C.A.S.
U.S.G.S.	- AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER			
GAS	<del>_</del>		
OPERATOR	<del>-  </del>		
PRORATION OFFICE	<u> </u>		<del></del>
Conoco Inc.			
Address			
	, Hobbs, New Mexico 88	240	
Reason(s) for filing (Check proper bos	,,	Other (Please explain)	
· (—)	Change in Trunsporter of:	Change of corpor	rato namo from
New Well	Cil Dry		Company effective
Recompletion			Company effective
Change in Ownership	Castnahead Gas Cond	densate U July 1, 1979.	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE   Mell No. Pool Name, Including	Formation King of Lea	se leasello.
Lease Name	•	1	
fix, X)olan	1 Blinebry	O(14 092	
Location	•		
Unit Letter M : 60	DO Feet From The S	_ine andFeet From	The
		7 - 1	<b>~</b> 3
Line of Section To	winship 21 Range	37 , NMPM, (	E3 County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL O	GAS	
Name of Authorized Transporter of Cl	.l 🔀 or Condensate 🗍	Address (Give address to which appri	,
Texas- New Mexico	Pipeline	Box 1510 Midla	cl 1 X
Name or Authorized Transporter of Co			<u> </u>
Mane of Manierizan Interpreted	ssinghead Gas 🔀 💢 or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)
	asinghead Gas 🔀 or Dry Gas 🔀	Address Give address to which appr	oved dopy of this form is to be sent)
Getty	Unit   Sec.   Twp.   Ege.	Address (Give address to which appr EUNICE NM Is gas actually connected? W	oved dopy of this form is to be sent) nen
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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) 6-14-79

NMOCD (5)

(Date) USGS(2) PARTNERS FILE

, 19 -District Supervisor TITLE -

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 silow-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 condition.

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