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	SANTA FE		CNSERVATION COMMISSION FOR ALLOWABLE	Form C+124 Supersedes UN C+104 and C+1.	
	FILE		AND	Effective 1+1-55	
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	45	
-	011				
	IRANSPORTER GAS				
- I	OPERATOR				
1.	PRORATION OFFICE				
	Conoco Inc.				
~	Address D. O. D				
	P.O. Box 460, Hobbs, New Nexico 88240 Reason(s) for filing (Check proper box)				
	New Well Change in Trunsporter of: Change of corporate name from			te name from	
F	Recompletion	Oll Dry Ga			
Change in Ownership Casinghead Gas Condensate July 1, 1979.					
	change of ownership give name				
ar	nd address of previous owner				
H. DESCRIPTION OF WELL AND LEASE					
Ĺ		2 Jalmat Vates			
	Meyer 5-33	L'IDMIEL			
	Unit Letter At 165	it Letter M : 1650 Feet From The S Line and 1650 Feet From The E			
			36 , NMPM, (County	
	Line of Section 33 Tow	mship JA Range	50, NMPM, (County County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	nd copy of this form is to be sent; 1	
Ļ.	Shell Pipeline Name of Authorized Transporter of Cas	In thead Gas in ot Dry Gas C	Box 1910 Midla Address (Give address to which approve	d copy of this form is to be sent;	
1.					
<u> </u>	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	· · · · · · · · · · · · · · · · · · ·	
	give location of tarks. N 33 225 $36E$				
	his production is commingled with that from any other lease or pool, give commingling order number:				
IV. C	COMPLETION DATA	Oii Well Gas Weli	New Well Workover Deepen	Plug Back Same Resty, Dift. Resty	
	Designate Type of Completio			I I	
Ī	Date Spudaed	Date Compi. Reaay to Prod.	Total Depth	P.B.T.D.	
Ē	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
i	Periorations			Depth Casing Sho e	
	TUBING, CASING, AND CEMENTING RECORD				
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	······································				
		1			
v T	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow				
C	able for this depth or be for full 24 hours)				
-	Date First New Cil Aun To Tanks	Date of Test	Preducing Method (Flow, pump, gas lift,	, e:c.,	
H	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gan - MCF	
_					
C	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	man	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)				
L VI. C	CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	TION COMMISSION	
· • • •	STILLOTTE OF COMPANY	-			
Ī	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED JUL 1		
Cal	commission have been complied w bove is true and complete to the	ith and that the information given best of my knowledge and belief.	BY farrey Liptan		
			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 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 allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.		
	1721				
	TH. Man	Real			
-	(Signa				
	Division (Tit	n Manager			
	6-14	1-79			
N	MOCD (5) (Da	te)	well name or number, or transporte	r, or other such change of condition	
1	USAS(2) XI	NFU(4) FILE	Separate Forms C-104 must be filed for each pool in multiply completed wells.		