ſ				1			
	DISTRIBUTIO		1	4			
	SANTA FE	+	1	N	IEW		
	FILE						
				1	TUAN		
	U.S.G.S.			AL	THOR	IZA	
		OIL		1			
	TRANSPORTER	GAS		1			
ı.	OPERATOR			1			
	PROPATION OFFICE			1			
1.	Operator						
				<u> </u>	DNOC	O	
	Address			P.	O. Box	<b>4</b> 6	
	Reason(s) for filing (Check proper box)						
	New Well				nge in T	tans	
	Recompletion			011			
	Change in Ownershi	p.		Cas	inghead	Gas	
II.	Legse Name  Location	0F WEL 3 - 3	A	- We	Il No. P	) J	
	Unit Letter Line of Section	7 31		Fewnship	et From	The SOU	
III.	Name of Authorized	Transpo	rter of Ol	X	or Con	ND dens	
	If well produces oil give location of tan	or liquid ks.	is,	Unit	Sec. 3/	,	
IV.	If this production is commingled with that from any other COMPLETION DATA						
	Designate Ty	pe of C	Completi	on - (X)		wer	

## MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
FILE		AND .	CAS			
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS			
OIL						
GAS GAS						
OPERATOR						
PRORATION OFFICE						
5,000	CONOCO INC.					
Address	P. O. Box 460, Hobbs, N.M.	P. O. Box 460, Hobbs, N.M. 88240				
Reason(s) for filing (Check proper bo		[Ost (DI lai-)	ream to testing			
New Well	Change in Transporter of:	Kespectally	i request testing			
Recompletion	Oil Dry Gas					
Change in Ownership	Casinghead Gas Condens	are in the	month of Jeb. 1980			
f change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE	rmation   Kind of Lea				
Legse Name	Well No. Pool Name, Including For	tes leventives State ede	~			
Meyer 13-31 A	7 Jalmes Jo	us seventives	-			
A 60	60 Feet From The Mach Line	and 660 Feet From	The East			
Unit Letter;	-					
Line of Section 31 T	ownship 22-South Range 36	o- cast, NMPM, Je	County County			
DESIGNATION OF TRANSPOS	PTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GAS	Address (Give address to which appr	roved copy of this form is to be sent)			
Texas- No. M	Texico Pineline	Holds Now Mexico 88240				
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)			
N/K	2	Is gas actually connected?	Vhen			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	NO	NIA			
	with that from any other lease or pool, a					
COMPLETION DATA			Plug Back   Same Resty. Diff. Resty.			
Designate Type of Complet	cion — (X)	New Well Workover Deepen	Plug Back Same (165 ). Sim ites (1			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Date Spaced						
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
		CEMENTING RECORD	CACKS CENENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be as	fter recovery of total volume of load o pth or be for full 24 hours)	oil and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
Date 1 Hat 11th Care 1						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF			
Actual From Burning 100.						
GAS WELL	The state of the s	Bbls, Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test	BDIS. CONGENEGRA WINCO	<b>3.3.1.,</b> 3.3.1.1.1.1.1			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIA	INCE	OIL CONSER	VATION COMMISSION			
CERTIFICATE OF COMPLIA	ai v C L	FEB	1 ସ ୀପ୍ରମି			
I hereby certify that the rules an	nd regulations of the Oil Conservation	Orig. Windship				
Commission have been complied	d with and that the information given the best of my knowledge and belief.	BYIerry	BYIerry Senion			
appre to true and complete to		Diat la Supy.				
1 1		This form is to be filed in compliance with RULE 1104.				
Ben A. Lee		Translation or company for all	towable for a newly drilled or deepene			
Den 17 rue	ignature)	Il able form must be secon	nnanied by a labulation of the deviation			
	ninistrative Supervisor	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.

MINE TRAILMINES NOO TIO

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