NO. OF COPIES REC	EIVED	
DISTRIBUTION) N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		
Address		

SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS
LAND OFFICE			
TRANSPORTER OIL	4		
GAS			
OPERATOR	_		
I. PRORATION OFFICE			······································
Operator	CONOCO INC.		
Address		N. M. 000.40	
Reason(s) for filing (Check proper bo.	P. O. Box 460, Hobb	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	≒ 1	
Change in Ownership	Casinghead Gas Conden	isate [_]	
If change of ownership give name and address of previous owner			
·	T EACE	2 h / 1 d	
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		
Muzer B-31 A	+ 5 Jalmat Ju	wenking State (Federa	al c) Fee 10 W / 3/26
Location		1900	Chet
Unit Letter ; 68	Feet From The No-14 Lin	e and Feet From	The OCS!
Line of Section 3/ To	ownship 22-South Range .	36-865 F, NMPM,	Lea County
III. DESIGNATION OF TRANSPOR	TED OF OU AND NATURAL GA	s	
Name of Authorized Transporter of O	or Condensate	Address Give address to which appro	oved copy of this form is to be sent)
Texas- Now M	Osiso Peneline	Hobbs, Nen	melico
Name of Authorized Transporter of C	asinghead Gas Z Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
Phillips Pel	weeum Co.	Hobbs, Ten	nen nen
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	2-1-80
give location of tanks.		give admingling order number:	
If this production is commingled with the IV. COMPLETION DATA	with that from any other lease or pool,		Plug Back Same Res'. Diff. Res'v.
Designate Type of Complet	ion - (X) Gás Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-14-79	12-18-79	3900	386 2
Elevations (DF, RKB, RT, GR etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3532	Jalmat yates	3870	Depth Casing Shoe
Perforations 3582	-03762		3899
3 5 0 -		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1244	83/9	1649	740
7710	51/2	3900	(000
- 78	23/8	3764	
V. TEST DATA AND REQUEST	FOR ATTOWARTE (Test must be a	ifter recovery of total valume of load oi	l and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, cump) gas	
12-29-1	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	200.5=	ZO P.S.I	NA
Actual Prod. During Test	Otl-Bbls.	Water-Bbls.	Gas-MCF
	42	185	/05
			GaR-2500
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
		mation given	
I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information given		
above is true and complete to t	the best of my knowledge and belief.		
TITLE STEFFIVISOF		200g 100g 100g 100g 100g 100g 100g 100g	
1 - 0			
Boy D. lee	to a superior of the second of	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens	
(Signature) well, this form must		well, this form must be accomp tests taken on the well in acc	enied by a tabulation of the deviation
	rative Supervisor	All sections of this form m	nust be filled out completely for allow
(Title) able on new and recompleted wells.		wells.	
FEB 1 2 1980		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	
-	Dutt	Separate Forms C-104 mu	ist be filed for each pool in multipl
NMOCOLS) USGSLZ	e) NMFULY file(1)	completed wells.	

NMOCO(S) USGS(2) NMFULY filell)

TALE CHALLES HAS TION

BECEINED