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_	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-184	
	SANTA FE			Supersedes Old C-104 and C-1	
Ĺ	FILE			Filective 1-1-92	
L	U.S.G.S.				
_	LAND OFFICE				
	TRANSPORTER OIL				
	GAS				
 -	OPERATOR	ļ			
ــا - ا	PRORATION OFFICE	V			
1	Operator				
L	Conoco Inc.				
	P O Boy 460 Habbs Not Navica 88240				
L	P.O. Box 460, Hobbs, New Mexico 88240 eason(s) for filing (Check proper box) Other (Please explain)				
- 1					
	New Well	onange of corporace name from			
ł	Recompletion	Gont The Company effective			
L	Casinghead Gas Condensate July 1, 1979.				
I	f change of ownership give name				
	ind address of previous owner				
	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	=	_	,		
12	Rell Lake Unit Sw	Bell Lake Bo	WE JULINGS TOTAL	2 387	
	Lecation /	c - m)	/ /		
	Unit Letter : (a)	OD Feet From The WLine	e and 660 Feet From Ti	ne	
	/ _	211-5 -	3 2 E	7.7	
L	Line of Section / Tow	viship 24-5 Range	NMPM,	EA County	
		or or an and an arranged to the	\sim M M		
I. I	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	CER OF OIL AND NATURAL GA	Aidress (Give address to which approve	ed convolities form is to be sent!	
Ì	Name of Authorized , ransporter of Cir	of Condensate	Address force address to which approve	a copy by this joint is to be senty	
Ĺ	(6)		Address (Give address to which approve	d con of this form is to be seen	
	Name or Authorized Transporter of Cas	ingnead Gas or Dry Gas	Address (title anaress to which approve	ed copy of this form is to be sent;	
			Is gas actually connected? . When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1	
L	give location of tanks.	<u> </u>	1		
I	f this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
٧. ز	COMPLETION DATA	'Gil Weil Gas Well	New Well Workover Deeper.	Plug Back Same Resty. Diff. Resty	
1	Designate Type of Completic		Nam Well Workover Deeper.	Plug Bdok - Same Res V. Dill. Res V	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Chap: Nedly to Picc.	Total Depth	7.3.7.5.	
	(DC 0)(D 07 CD	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producting Connector	100 011/043 147	Tabing Superi	
			<u> </u>	i	
	Periorations			Denth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
		712002 C1500C AND	CENTURE DECORD	Depth Casing Shoe	
		· · · · · · · · · · · · · · · · · · ·	1		
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	Depth Casing Shoe SACKS CEMENT	
	HOLE SIZE	· · · · · · · · · · · · · · · · · · ·	1		
	HOLE SIZE	· · · · · · · · · · · · · · · · · · ·	1		
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		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a)	DEPTH SET	SACKS CEMENT	
	TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de	DEPTH SET fter recovery of total volume of load oil a pth or be for full 24 hours)	SACKS CEMENT SACKS CEMENT contact to contact to allow the equal to or exceed top allow	
	TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a)	DEPTH SET	SACKS CEMENT SACKS CEMENT contact to contact to allow the equal to or exceed top allow	
	TEST DATA AND REQUEST FOR WELL Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	DEPTH SET [ter recovery of setal volume of load oil a pth or be for full 24 hours] Producing Method (Flow, pump, gas lift	SACKS CEMENT SACKS CEMENT Ind must be equal to or exceed top allow to etc.)	
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Division Manager

FILE

(Title)

PARTNERS

NMOCD (5)

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 well name or number, or transporter, or other such change of condition

Lease No. E-5898

Separate Forms C-104 must be filed for each pool in multiple of the state of the st

VED.

JUNI 2 1979
CIL COMMINICATION COMM.
CLOSS, A. C.