NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE
Cperator
Conoco Inc.
Adaress
P.O. Box 460
Reason(s) for filing (Check proper box
New Well
Recompletion
Change in Ownership
If change of ownership give name

	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104		
	FILE	REQUEST	AND	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	ALITHORIZATION TO TR		CAS		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Congae Inc					
	Conoco Inc.					
		), Hobbs, New Mexico 832	40			
	Reason(s) for tiling (Check proper bo		Other (Please explain)			
	New Well	Change in Transporter of:	1	orate name from		
	Recompletion	Cil Dry G		l Company effective		
	Change in Ownership	Castnahead Gas Conde		company effective		
			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
•	If change of ownership give name and address of previous owner			_		
11.	DESCRIPTION OF WELL AND	LEASE   Weil No.   Pool Name, Including F	Formation   Kind of Le	200		
	1	t 20 EL Mar D	1	eral or Fee		
	Location	L A CCMAIL	REDWAYE 1911	- 17/ LO-17/		
	Unit Letter L ; 19	80 Feet From The S	660	(B)		
				m The		
	Line of Section 30 To	ownship $26-5$ Range	33-E , NMPM,	Lea county		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS (INJECTION !	oroved copy of this form is to be sent;		
	Name of Authorized Transporter of O	i or Congensate	Address (Give address to which app	proved copy of this form is to be sent)		
	Name of State of Stat	asingheda Gas or Dry Gas	2-1			
	Name of Authorized Transporter of Co	usinghedd Gas or Dry Gas	Address (trive address to which app	proved copy of this form is to be sent)		
		Unit   Sec.   Twp.   Ege.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	The state of the s	is gas actually connected?	, in the same of t		
	If this production is commissible as	ish shoe for any other loans and				
IV.	COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Dist. Restv.		
	Designate Type of Complete		1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	[ ]					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Reriorations			Depth Casing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		_				
		<u> </u>				
V.	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 allowable for this depth or be for full 24 hours)					
	OIL WELL able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gda - MOF		
ļ						
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chaire Star		
	The state of the s	(Bhuc-In	Canny , resaure ( Since-In )	Choke Size		
VI	CERTIFICATE OF COMPLIAN	CF	011 0011555	/ATION COMMISSION		
• ••	CENTIFICATE OF COMPENANCE			1978		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUL A	, 19		
			1 - 1362 V	115 Fon		
			BY COLUMN	aparent -		
			TITLE District Su!	pervisor		
	SIMI.		This form is to be filed in	n compliance with RULF 1104.		
	THURandra		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
•	(Signature)		well, this form must be accomp	panied by a tabulation of the deviation		
	Divisio	n Managor	tests taken on the well in acc	organce with RULE 111.		

NMOCD (5) 7117 17565(2)

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

HO. OF COPIES RECE				
DISTRIBUTION				
BANTA PE				
FILE				
U.S.G.S.			<b>├</b>	
LAND OFFICE		<u> </u>	<u> </u>	
IRANSPORTER	OIL	<u> </u>		
I MANSPORT EN	GAS		<u> </u>	
OPERATOR				

DISTRIBUTION	/ MEXICO OIL CONS	SERVATION COMMISSIO	Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-83	
BANTA PE	<b>A</b>	ND ,		
v.s.a.s.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GA	2	
LAND OFFICE	•			
FRANSPORTER GAS				
OPERATOR		·		
PROPATION OFFICE			. 1	
CONTINENTAL	OIL CO			
	Hobbs, N.M			
Reason(s) for filing (Check proper box		Other (Please explain)	E NAME FORMERLY	
New Well	Change in Transporter of	CHANGE IN LEAS	E MAIN E	
Recompletion	OIL Dry Gas	NORTH EL MAR	UNIT BTAY	
Change in Ownership	Casinghead Gas Condense	TOOK!		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE	ention   Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including For			
NORTH EL MAR UN	VIT 20 EL MAR DEL	AWAKE I		
Location Unit Letter;/9	FO Feet From The SOUT H Line	and 660 Feet From 1	no WEST	
		3-E , NMPM,	LEA County	
Line of Section 30 To	ownship 26-3 Hande	4	111.	
	RTER OF OIL AND NATURAL GAS	Address (Give address to which approx	and some of this form is to be sent)	
Transporter of O		Address (Give address to which appro-	year copy of this form is to be a sum,	
The same of the sa	COPIPELINE	Address (Give address to which appro	ued copy of this form is to be sent)	
Person Authorized Transporter of C	cainghadd Gas Ca	ODESSA, TexAS		
Philtips Petras	Um Page		en	
If well produces oil or liquids,	Unit   Sec.   Twp.   E.ge.	VES !	8-22-60	
to the termina of tacks.				
If this production is commingled	with that from any other lease or pool,	Bive commissions	Plug Back   Same Res'v. Diff. Res'	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Sume New York	
Designate Type of Comple	tion – (X)		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.5.1.5.	
		Top Otl/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	; Name of Producing Formation	100 027 022 1 2		
	•		Depth Casing Shae	
Perforations				
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE 3122				
		i and seed notice of land a	il and must be equal to or exceed top all	
V. TEST DATA AND REQUEST	r FOR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours,		
OIL WELL   Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)	
Date First New OL Run 16 Talles			I Challe Stan	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Length	·	W. Bhla	Gas-MCF	
Actual Prod. During Test	Oll-Bble.	Water-Bbls.		
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Langin of			
Testing Method (pitot, back pr.)	Tubing Pressure (6hmt-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitol, back priy			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THE STATE OF COURT	IANCE	OIL CONSER	VATION COMMISSION	
7. CERTIFICATE OF COMPI		Ø1.6 (	, 19	
e a companion shad the pulse	and regulations of the Oil Conservation			
Commission have been comp	and regulations of the information give lied with and that the information give to the heat of my knowledge and belief	TITLE		
above is true and complete	to the best of my knowledge and belie	Tours Tender L		
		TITLE TIDE	The state with BULE 1194.	
	c 1 '-1	I This foun is to be titled	This form is to be fitted in competent	
Kabert	E. Smith	If this is a request for allowable for a newly difficult of the device well, this form must be accompanied by a tabulation of the device well, this form must be accordance with RULE 111.  tests taken on the well in accordance with RULE 111.		
	(Sienature)	tests taken on the well in a	coordance with nume	
Stall	assistant	All sections of this formable on new and recomplete	a multi-	
7/	(Title)	spre ou uem sug recomptere	TIT III. and VI. for changes of c	

.......... - FILS.

1-19-76

(our)

All sections of this form must be filled out completely for a sbie on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of commendation or number, or transporter, or other such change of commendation. Separate Forms C-104 must be filed for each pool in management of the completed wells.