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	SANTA FE		L CONSERVATION COMMISSION	Form C-104
	FILE	H KEUUE	ST FOR ALLOWABLE	Supersedes Oli C+104 and C- Effective 1-1-55
	U.S.G.S.	AUTHORIZATION TO 1	AND FRANSPORT OIL AND NATURAL	
	LAND OFFICE	AUTHORITE TO	RANSFORT OIL AND NATURAL	GAS
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
1.	PRORATION OFFICE Operator			
	Conoco Inc.			
	Address			
	P.O. Box 460), Hobbs, New Mexico 8	3240	
	Reason(s) for filing (Check proper bo.	x	Other (Please explain)	
	New Well	Change in Transporter of:	Change of corpor	rate name from
	Recompletion	On Dry Gas Continental Oil Company effective		
	Change in Ownership	Casinghead Gas Co	July 1, 1979.	
	If change of ownership give name and address of previous owner			
H.	DESCRIPTION OF WELL AND			
	Lease Name	heil No. Pool Name, includin	· 1 · · · · · · · · · · · · · · · · · ·	_ease .45.
	North EL Mar Uni	T 31 Fr War	Delaware State, Feder	1 or Fee WH-02;
	Unit Letter From The Suine and Foo Feet From The W			
	Line of Section 35 Township 26-5 Range 32-E, NMPM, Lea County			
	PERCEASE APPROACH OF THE AMORES			
Η.		TER OF OIL AND NATURAL	GAS	
н.	Name of Authorized Transporter of Of Texas - New H	lexia Pipeline Co	Address (Give address to which appro	Hidland Texas
И.		or Consensate [lexica Pipeline (s issingned Gas] or Dry Gas [Address (Give address to which appro Box 1510 Address (Give address to which appro	Hidland Texas
И.	Name of Authorized Transporter of Of Texas - New H	lexia Pipeline Co	Address (Give address to which appro	Hidland Texa, ved copy of this form is to be sent)
	Name of Authorized Transporter of Of Toy as — New Manager Authorized Transporter of Carlings Petro If well produces oil or liquids, give location of tanks. If this production is commingled with	or Consensate [Lexico Pipeline (singness Gas] Leum (srporation Continue) Unit Sec. Twp. Rige.	Address (Give address to which appropriate Address Give address to which appropriate Ode 55a, Texa)	Hidland Texa, ved copy of this form is to be sent)
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I. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

mille (Signature) Division Manager

> (Title) (Date)

NMOCD (5) USUS(2) PARTHERS FILE OIL CONSERVATION COMMISSION

Gravity of Condensate

Chore Size

Bbis, Condensate/MMCF

Casing Pressure (Shut-in)

Supérvisor TITLE -District

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 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