Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87	410 REC	UEST	FOR A	ALLOWA	RIFAND	AUTHOR	IZATION	r			
I.		TOT	RANSI	PORTO	IL AND NA	AUTHOR ATURAL G	IZATION IAS	ł			
Operator Conoco Inc.					<u>:</u>			I API No.			
Address								30-025-25080			
P. O. Box 46		New	Mexic	o 8824	0						
Reason(s) for Filing (Check proper b	ox)				Ot	her (Please exp	lain)				
Recompletion	Oil	Change	in Trans	porter of:							
Change in Operator	Casinghe			ensate							
If change of operator give name and address of previous operator											
	II AND IE	'A CE									
II. DESCRIPTION OF WELL AND LEASE Lease Name Meyorg Meyorg Meyorg					line Francisco						
Meyers		1			Paddock			of Lease Federal or Fe	e	Lease No.	
Location		(0									
Unit LetterD	:	60	Feet F	rom The	Lin	e and660	·	Feet From The	W	I.	
Section 3 Tow	naship 17S		Range	37E							
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT						MPM,		<u>Lea</u>		County	
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTE	CR OF	OIL AN	D NATU	RAL GAS						
onoco Inc. Surface Transportation					Address (Giv	e address to wh	ich approve	s, New Mexico 88240			
Name of Authorized Transporter of Ca	asinghead Gas	X	or Dry	Gas	Address (Giv	e address to wh	, Hobbs	, New Me	xico 8	8240	
J. L. Davis If well produces oil or liquids,	111-2			_,	ZII No	<u>rth Colo</u>	rado, M	idland.	Texas79	: ent) 17∩1	
ive location of tanks.	Unit	Sec.	Twp. 175	Rge. 37E	is gas actually	y connected?	When	1?	Tenasi	701	
this production is commingled with t		er lease o	r pool. giv	ve comminal	Yes		L_	2-1	0-76		
V. COMPLETION DATA					ing order manu	——	·· · - · -				
Designate Type of Completion	on - (X)	Oil We	ell (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res	
Date Spudded	Date Comp	d. Ready	to Prod		Total Depth					_ l	
					. *			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas P	'2 y		Tubing Depth			
erforations											
								Depth Casing	Shoe		
LIOI E OIZE	T	UBING	, CASI	NG AND	CEMENTIN	IG RECORI)				
HOLE SIZE	CASING & TUBING SIZE			IZE	DEPTH SET			SACKS CEMENT			
											
. TEST DATA AND REQUI	FCT FOD A	LLOW	ADVE								
IL WELL (Test must be after	recovery of low	LLUYY al volume	ABLE of load o	il and muse b							
ate First New Oil Run To Tank	Date of Test	Date of Test				xceed top allow hod (Flow, pum	able for this	depth or be for	full 24 hour	·s.)	
ength of Test											
angui or Tour	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
								OES- IVICE			
AS WELL ctual Prod. Test - MCF/D											
riot. Test - MCF/D	Length of Test			F	Bbls. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Press	bing Pressure (Shut-in)			asing Pressure (Shut-in)						
					ANING PICASUIE	(Snut-in)		Choke Size			
OPERATOR CERTIFIC	CATE OF (COMP	LIAN	CE			1			 -	
I hereby certify that the rules and regularision have been complied with and	liations of the Oi	il Conson		_	Ol	L CONS	SERVA	TION D	IVISIO	N	
is true and complete to the best of my	knowledge and	ation give belief,	n above						• • • •		
wask					Date A	pproved		JUN	<u>7 198</u>	19	
Signature Signature					Б.	0	IGINAL S	IGNED BY	JERRY SE	KION	
W. W. Baker, Administrative Supervisor					Ву		DIST	RICT I SUPE	RVISOR		
Printed Name Title 6-1-89 (505) 397-5800					Title						
Date (30	12/ 29/-5	800			1111 2						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.