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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWARIES AND ALITHOPIZATION

I.		TO TI	RANSF	PORT	OIL AND N	ATURAL	HIZATIO GIAS	N			
Operator						AT STEAL		ell API No.			
CONOCO INC.								30025090	0900	-	
L PO Box 1959		MIDL	MIN	TV	7970	_		-			
Reason(s) for Filing (Check proper box))	<u> </u>	. 1100	, 		ther (Please ex	rplain)				
New Well Recompletion	0.1	Change	in Transp		,		• •				
Change in Operator	Oil Casinghe	L ad Gas [_ Dry G ☐ Conde	_	.						
If change of operator give name				ume _							
and address of previous operator											
IL DESCRIPTION OF WELL Lesse Name	. AND LE		- ID- 131								
MEYER B-2	3	Well No		LMAT	ding Formation	^		nd of Lease te, Federal or Fee	F	ease No.	
Location		-	1011	CITVAT	10163	C/NS			0300	131260	
Unit Letter	_ : <i>90</i>	90	_ Feet Fr	om The 💆	JORTH L	ne and	650	Feet From The	WEST	Line	
Section 23 Townsh	uip 2	2.5	Range	2	6E .N						
							LEA	 -		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTE	OF Conde	DIL AN	D NATI	JRAL GAS						
Canaca Surt	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Chainghood Gas Corporation Gas SHILLIPS Le & NATURAL STAS COMPANY					EFFE (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,				OANY	TUUT	- FEINE	ROX 19	ODESSA, TX 79762			
give location of tanks.	Unait	Sec.	Twp.	Rge.	Is gas actuall	y connected?	Whe	n? 0 15 1			
f this production is commingled with that	from any other	er lease or	pool, give	comming	ling order num			8-15-9	0		
V. COMPLETION DATA		,									
Designate Type of Completion	- (X)	Oil Well	I G	as Weil	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Sput ded	Date Compi	. Ready to	o Prxi		Total De ath	L	i	I I		L	
Claumines /DE DVD DT CD	<u> </u>		 , <u></u>					P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Perforations	<u> </u>				·			Depth Casing S	hoe		
								Deput Casing 3	noe		
HOI E SIZE	TUBING, CASING ANI HOLE SIZE CASING & TURING SIZE						D)				
TIOLE SIZE	CASING & TUBING SIZE			ZE	DEPTH SET			SAC	KS CEME	NT	
											
. TEST DATA AND REQUES	T FOR AI	LOWA	RI.F.								
IL WELL (Test must be after re-	covery of total	l volume d	of load oil	and must i	be equal to or e	exceed top allo	mable for thi	s depth or he for fi	II 24 hours)	
WELL (Test must be after recovery of total volume of load oil and must be First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Press.	lite.			Casing Pressur	<u>. </u>		Choke Size			
	. some I resourc				Casing I Icaau	-		Char Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
AS WELL											
The state of the s	Length of Tes	,			Bbis. Condensa						
	Songar or Test				sois. Condensa	IE/MINICF		Gravity of Conde	Gravity of Condensate		
ting Method (pitot, back pr.)	Tubing Pressu	re (Shut-i	n)		Casing Pressure	(Shut-in)		Choke Size			
ODED A TOD CED THEIR											
I. OPERATOR CERTIFICA I hereby certify that the rules and regulation	TE OF C	OMPL	IANC.	E		II CON	SERVA	TION DIV	/ICION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						12 00110			13101	i	
is true and complete to the best of my kno	wiedge and b	elief.			Date A	Approved			* 2		
Hullentho					,						
Signature Andrews					By State Stoketo BY JERRY SOXTON						
H. L. DEATHE ADMINISTRATIVE SUPERVISOR Title Title					CMINION CONTRACTOR						
SEP 6 1990	(915) C	86-5	100		Title						
Date		Teleph	one No.								

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 with Rule 111.
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 10 1990

OCC
HORES OFFICE