Submit 5 Cor Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.	REC					AUTHOF		ON			
Operator CONOCO INC.					OIL AND NATURAL GAS Well API No.						
Address					300250901000						
Reason(s) for Filing (Check proper b		MIDLI	AND,	Tx	79705		·			_	
New Well	ox)	Change	in Transpo	orter of: /	Ot	her (Please exp	dain)				
Recompletion	Oii		Dry Ga								
Change in Operator If change of operator give name	Casingh	ead Gas	Conde	sate 📋							
and address of previous operator											
II. DESCRIPTION OF WE	LL AND LI										
Lease Name MEYER B-23		Well No.			ting Formation		1	ind of Lease tate, Federal or F		Lease No.	
Location	<u></u>		I JF	<u>LLMAT</u>	VATES	S GAS	3	une, receil or r	<u> 1030</u>	0131260	
Unit Letter	:_9	90	_ Feet Fro	om The	OUTH Lin	ne and	50	Feet From The	EAS	J. Line	
Section 23 Town	nathip 2	25						_		Line	
			Range	36		MPM,	LE			County	
III. DESIGNATION OF TR	ANSPORTI	ER OF O	IL ANI	NATU	RAL GAS						
Cono Ca Sur	1 1	or Conde		<u></u>	1			wed copy of this	form is to be	sent)	
Name of Authorized Transporter of C	stinghead Gag	PM Gas	SOCIONIE	ardien	Address (Giv	VE: Februa	hich andre	1992	form is to be		
PHILLIPS LEG NA If well produces oil or liquids,	TIMET	CIH	<u> wint</u>	PANY	7001	PENBA	MX	ODESSA	TX	<u> 19762</u>	
give location of tanks.	Unait 	Sec.	Twp.	Rge.	Is gas actual!	y connected?	j w	hen?			
If this production is commingled with t	hat from any ou	her lease or	pool, give	comming	ing order numi	ber:		8-15-	90		
IV. COMPLETION DATA		_,									
Designate Type of Completic	on - (X)	Oil Well	Ga	s Well	New Well	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Late Co.ii	Ready to	Prod.		Total Pepth		!	1 2. B. T.D.			
Elevations (DF, RKB, RT, GR, etc.)	- 17										
LIEVAGOR (DF, KAB, KI, GK, EIC.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Sil/Gas F	Pay		Tubing Dep	Tubing Depth		
Perforations									Depth Casing Shoe		
		Tippic	<u> </u>								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					NG RECORI DEPTH SET			CACVO OFMENT		
	System Tobing Size					DEF IN SET			SACKS CEMENT		
V. TEST DATA AND REQUI											
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	al volume o	f load oil	and must b	e equal to or e	exceed top allow hod (Flow, pur	able for t	his depth or be fo	or full 24 hou	rs.)	
	Date of Ica	•			rioducing Met	поц (<i>r ю</i> w, <i>рин</i>	to, gas iyi	, eic.)			
Length of Test	Tubing Pressure			1	Casing Pressur	e	- 	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls				Water - Bbis			Gas- MCF	Gae. MCF		
								Cas Micr			
GAS WELL						•					
Actual Prod. Test - MCF/D	Length of Te	est		1	Bbis. Condensa	ie/MMCF	- -	Gravity of Co	ndensate		
osting Method (puot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	:		,			(CAICA III)		Cloke Size			
VI. OPERATOR CERTIFIC	CATE OF (COMPL	IANC	E						 -	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					O	IL CONS	SERV	ATION D	IVISIO	N	
is true and complete to the best of my	knowledge and	belief.	≤UUV¢		Dota /	\nnea:-a-			E Service		
d/h Ma. (10.					Date F	Approved		-			
Signature Signature					Bv	<u>-</u>		1 M 24 F R	S SEATON	J	
H.L. DEATHE	ADMINIST	RATIVE	SUPER	SYLVE	-,		· · · · · · · · · · · · · · · · · · ·	13 24 2 2 1 21:	ICR.		
Printed Name SEP 6 1990	(915) (т	itle		Title _					 _	
Date		Telepho	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.