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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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQUEST	FOR ALLOWA	ABLE AND AUTHO	RIZATION	1			
Operator	TOTF	RANSPORT C	IL AND NATURAL					
CONOCO INC.			Well API No. 30025 2689900					
Po Box Ms	9 MIDL	ALD TV	79705		2000 300	<u> </u>		
Reason(s) for Filing (Check proper	box	TR-D	Other (Please e	rolain)				
New Well	Change	in Transporter of:	Outer (1 temps &	гран)				
Recompletion	Oil 🗍	Dry Gas 🔯						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name and address of previous operator								
·								
II. DESCRIPTION OF WI								
MEYER B-28A	AC-1 Well No.	Pool Name, Inclu			of Lease	L	ease No.	
Location	- 110-1	EUMONT	QUEEN GAS	SUBL	Federal or Fee	<u> 0300</u>	0025110	
Unit Letter	:_560	East Error The	NORTH Line and	aan.		1115	7	
00		_ real From the _	ine and	<u> 100 </u>	Feet From The	WES	Line	
Section & To	waship 205	Range 3	7E, NMPM.	LEA			County	
III DESIGNATION OF THE	D.4339707	· · · · · · · · · · · · · · · · · · ·		 · · · · · · · · · · · · · · · · · ·			County	
III. DESIGNATION OF T	CONTRACTOR OF O	IL AND NATU	JRAL GAS					
Charle Ca Sura	,		Address (Give address to	which approve	d copy of this for	n is 10 be se	ni)	
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	144					
PHILLIPS 66-11	ATTIDAL FINE	('A MA 10 A 1211	Address (Give address to 4001 PENB	which approve				
If well produces oil or liquids, GP/	Vi Granic orposation			ROOK		7X 7	<u> 9762 </u>	
give location of taker.	1 1	iii	le gas actifif controlled	rebru idWise i	17 1992 8-1-6	<i>4</i>		
If this production is commingled with	that from any other lease or	pool, give comming	ling order number		0-1-0	10		
IV. COMPLETION DATA		poor gree extraining	ming order marriader.					
Decignate Time of Committee	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Des	big n	
Designate Type of Complete	i		1	200,000	110g Datus 34	TING KES A	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	No. of D		 					
(D1,100D, K1, OK, 2L.)	Name of Producing Fo	omation	Top Oil/Gas Pay		Tubing Depth			
Perforations		_:						
					Depth Casing S	hoe		
	TUBING.	CASING AND	CEMENTING RECO	PD.				
HOLE SIZE	CASING & TU	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
			i		SACKS CEMENT			
	<u> </u>							
					!			
. TEST DATA AND REQU	FCT FOR ALLOW	N. D.						
IL WELL Test must be aff	OF TECTION OF LOCAL LINE	ABLE						
Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top all	owable for this	depth or be for f	ull 24 hours	.)	
	l de l'es		Producing Method (Flow, p.	ump, gas lift, e	(c.)			
ength of Test	Tubing Pressure		Casing Pressure		Choke Size			
			i i i i i i i i i i i i i i i i i i i		SHORE SIZE			
ctual Prod. During Test	al Prod. During Test Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL								
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Convinues Cond			
					Gravity of Condensate			
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
			-					
I. OPERATOR CERTIF	CATE OF COMPL	IANCE						
I hereby certify that the rules and re-	guiations of the Oil Conserve	ition	OIL CON	ISERVA	ION DIV	JISION	J	
Division have been complied with a	nd that the information given	above		· • • •			•	
is true and complete to the best of m	y knowledge and belief.		Date Approve	d			.4 *	
d/adla (da								
Simerime	HUAYLATAL		for gradients					
Signature H.L. DEATHE	ADMINISTRATIVE	Supervision	Ву	Cont	MättlZ oodat			
Printed Name	Т	itle	Tal	7. BIEO.	ORIRC			
	(915) (86-5	40 <i>C</i>	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.