Form 3160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. OIL CONS. COMMISSION

P.O. BOX 1	W MEXICA res No. 100 -0135
HOBBS, NE	Expires: March 31, 1993
	5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		LC 031740B
		6. If Indian, Allottee or Tribe Name
	R PERMIT—" for such proposals	7. If Unit or CA, Agreement Designation
	IN TRIPLICATE	
1. Type of Well Oil XX Gas Well Well Other		8. Well Name and No. MEYER B-4 #4
2. Name of Operator Conoco Inc.		9. API Well No.
Address and Telephone No. 10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424		30-025-04465  10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		RUMONT QUEEN GAS  11. County or Parish, State
1980' FSL & 1980' FWL, SEC. 4, T-21S, R-36E, UNIT LTR 'S'		LEA, NM
2. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment Recompletion	Change of Plans New Construction Non-Routine Fracturing
XX Subsequent Report	Plugging Back Casing Repair	Water Shut-Off
Final Abandonment Notice	Other PERF SA & QUEEN	Conversion to Injection  Dispose Water (Note: Report results of multiple completion on Well
13. Describe Proposed or Completed Operations (Clearly state a	Il pertinent details, and give pertinent dates, including estimated date of startis cal depths for all markers and zones pertinent to this work.)*	Completion or Recompletion Report and Log form.)  ag any proposed work. If well is directionally drilled
10-26-93 MIRU. POOH W/ TBG. F	OUMP 50 bbl KILL FLUID. GIH W/ RETRIE	VING HEAD, RELEASE RBP 1 JSPF @ 3150, 3159, 285, 3312, 3354, 3364, W/ 22 bbl KILL FLUID.
PUMPING 12-20 TEXSAND, FLUSH W/ 11-8-93 RDMO. RETURN WELL TO F	POAT PAD, FOLLOWED W/ 40,230g 30-30 ( 1200g FOAM. GIH W/ 2 3/8" TBG TAG F PRODUCTION.	TILL @ 3456 CLEAN OUT
1-22-93 WELL PRODUCING 2 BWPD 5	641 MCF.	10,000
	ACCEPTED FOR	The same of the sa
14. I hereby certify that the foregoing is true and correct Signed	CARLSBAD, NEW STATES SR. REGULATORY SPEC	11-23-93
(This space for Federal or State office use)	Title	Dete
Approved by		