

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

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

# OIL CONSERVATION DIVISION

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

~~REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS~~

1. **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator Conoco Inc. Well API No. 30-025-04474

Address 10 Desta Drive, Ste 100 W, Midland TX 79705

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	<u>Change in Transporter of:</u>	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>		
Change in Operator	<input type="checkbox"/>		

Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>

If change of operator give name and address of previous operator effective 8-1-91

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Meyer B-4</i>	Well No. <i>14</i>	Pool Name, Including Formation <i>Eumont Queen Gas</i>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <i>LC-031740B</i>
Location				
Unit Letter <u><i>G</i></u> : <u><i>5940</i></u> Feet From The <u><i>South</i></u> Line and <u><i>1980</i></u> Feet From The <u><i>East</i></u> Line				
Section <u><i>4</i></u> Township <u><i>21S</i></u> Range <u><i>36E</i></u> , NMPM, <u><i>Lea</i></u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation					P.O. Box 2587, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc.					10 Desta Drive, Ste 100 W, Midland, TX 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
<b>V. TEST DATA AND REQUEST FOR ALLOWABLE</b>									

## V. TEST DATA AND REQUEST FOR ALLOWABLE

## OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method ( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine L. Neff  
Signature  
Christine L. Neff Admin. Assistant  
Printed Name  
7-31-91 (915) 686-5494  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved                     

By ORIGINAL SIGNER

Title \_\_\_\_\_

**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.

Ans Per