Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 882	40	State Energy, Minerals and			urces Depart		Form C-104 Revised 1-1-89 See Instructions			
DISTRICT II P.O. Drawer DD, Antesia, NM &	CTII OIL CONSER			VATION Box 2088	DIVISI	ON		at B	ottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410	Santa	Fe, New	Mexico 87	504-2088					
I. Operator	REQU	EST FOR		ABLE AND		RIZATION				
CONOCO INC Address						Well	API No. 02504	4758	÷	
PO Box 190	5 <u>9</u> r	110LAND	TY	79703						
Reason(s) for Filing (Check prop	er boz)	Change in Trans			ther (Please exp	lain)				
Recompletion	Oil	Dry 🤄		\$						
f change of operator give name	Casinghead		ensate		. <u></u>					
nd address of previous operator I. DESCRIPTION OF V					-					
Lease Name			Name, Inch	uding Formation		Kind	of Lease		T	
MEYER B-4		15 8	imo	-t.1-	5R-QN	•	Federal or F	e 07/0	Lease No. 03/7401	
Unit Letter	·C: 720	00 Feet 1	in The	 <u>SQUTH_Lir</u>						
Section 4	'ownahip 219		_			1	et From The	EAST	Line	
					MPM,	LEA			County	
II. DESIGNATION OF 7 lame of Authorized Transporter of	F Oil OI	OF OIL AN Condensate	D NAT	URAL GAS	re address to wi					
ame of Authorized Transporter of			L		re address to wi					
PHILLIPS 66 M			PAN		e address 10 wh PENBR			form is to be s	ient)	
well produces oil or liquids, re location of tanks.		sc. Twp.	Rge			When	<u>ODESSF</u> 1		19762	
his production is commingled with	h that from any other i	euse or pool. pi		VES		<u>I</u>	8-2-	90		
. COMPLETION DATA	<u> </u>									
Designate Type of Comple	etion - (X)	Dil Well (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compl. F	eady Lo Prod.		Total Depth			P.B.T.7).			
evations (DF, RKB, RT, GR, etc.) Name of Producing Form			ation Top Oil/Gas Pay		29	Tubing D				
forations							Tubing Depth			
							Depth Casin	g Shoe		
HOLE SIZE	TUE	ING, CASIN	IG AND	CEMENTING RECORD						
		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
		······			·····					
TEST DATA AND REQ L WELL (Test must be a	UEST FOR ALL	OWABLE								
e First New Oil Run To Tank	fter recovery of total w Date of Test	name of Ioda of	ana musi	Producing Met	xceed top allow nod (Flow, pum	able for this a p, gas lift, etc	lepth or be fo	r full 24 hour	s.)	
gth of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
ual Prod. During True					Calling Freesure			CHURE SILE		
ual Prod. During Test	Oil - Bbls.			Water - Bbis.			Jas- MCF			
S WELL									<u></u>	
al Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
ng Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
00000		·			·		HUNE SIZE			
OPERATOR CERTIF	ICATE OF CO	MPLIANC	CE							
ivision have been complied with a	ind that the information	n nives shows			L CONS			15 m 15	N	
trate and complete test 1	ny knowledge and beli	ef.		Date A	pproved			财务		
true and complete to the best of r			11		-	Drig	. Signed	by		
Ausleable				_		(D.	11 17			
And complete to the best of the granure H.L. DEATHE	ADMINISTRA	TIVE SUDE		Ву		: X, P a	ul Kautz	<u> </u>		
Australia	ADMINISTRA (915) (681	Title	RYLOR	By		: X, P a	ul Kautz	<u> </u>		

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

 All sections of this form must be filled out for allowable on new and recompleted wells.
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.