Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORT OI	L AND NA	TURAL G					
Conoco de.		•	1	API No.	api no. <i>0 - 025 - 04480</i>						
			. \					o oa.	5 047	<u>, </u>	
Address 10 Desta Drug Reason(s) for Filing (Check proper box)	, Ite	100 L	<u>U, Y</u>	<u>nidle</u>	and s	X 797	05				
New Well		Change in				effect	8	1-1-91			
Recompletion Change in Operator	Oil Casinghea	d Gas	Dry Ga			J. Pr. C.	C4 J				
If change of operator give name	Canadian	<u></u>	, course						<u>_</u> _		
and address of previous operator	ANDIE	ACE									
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Included the Pool Name of Na							Kind	of Lease	of Lease No.		
Meyer B-4		19	oi	f Cen	tev B	linebry	State	, Federal or Fe	LC-C	031740B	
Unit Letter	. 3	300	Coat Co	om The S	outh 1	<i>à</i>	3/0	Feet From The	East	Line	
4/	-·						,	Λ			
Section 7 Townshi	p 2/.	7	Range	36	0E ,1	MPM,		Pea		County	
III. DESIGNATION OF TRAN	SPORTE			D NATU				·			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) CONOCO AC. Surface nunsportation P.O. Boy 2587 Holly nm 88240											
Name of Authorized Transporter of Casing	me of Authorized Transporter of Casinghead Gas 🔻 or Dry Gas 🗔					we address to w	rhich approve	d copy of this	copy of this form is to be sent)		
Conoco onc. If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ta Dr By connected?	Ite 100		land, 21	× 79705	
give location of tanks.	<u>i i</u>		<u> </u>	<u>i </u>	7	Jes _					
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order mid	ober:			- "		
	~~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Comp	al. Ready to	Prod.		Total Depth	1		P.B.T D.	1	1	
•											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					1.			Depth Casi	ng Shoe		
	7	TIDING	CASD	NG AND	CEMENT	NG PECOE	20			-	
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			CEMENT	DEPTH SET			SACKS CEMENT		
<u> </u>	-							:			
V. TEST DATA AND REQUES	T FOR	LLOW	ADIE								
OIL WELL (Test must be after n				oil and must	be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing N	lethod (Flow, p	ump, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Pres	ште		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>				· -			_			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nate/MMCF		Gravity of (Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE		<u> </u>			D. 40:-		
I hereby certify that the rules and regular						OIL CON	NSERV	AHON	DIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Abrit 12	. 11				Dali	- Whine	.u				
Signature,	yr.			<u> </u>	By_	ONGINA	i Scars	<u> </u>	- Y TON-		
Christine L. Neft	r = Q	915) 60	. <u>USS/</u> Title	stant	11						
7-31-91		915) 6	86-54	494	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.