Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	TRICT 1 Box 1980, Hobbs, NM 88240 Box 1980, Hobbs, NM 88240					of New Mexico Natural Resources Department				
DISTRICT II P.O. Drawer DD, Anesia, NM 8821	P.O. 1	VATION DIVISION D. Box 2088 Mexico 87504-2088					at Boti	om of Page		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410									
I		ST FOR AL		ABLE AND VIL AND N/	AUTHO	RIZAT GAS	ION			
Conoco Ac							Well API			
10 Desta Drie	10 Stel	00 W, 7	mid	land	112 -24		<u></u>		<u> </u>	
Reason(s) for Filing (Check proper b New Well					her (Piease e	<u>105</u> xplain)				
Recompletion	Oil	nge in Transpo Dry Gas	s 📃		ffecti	ve	8-1-0	ì (
If change of operator give name and address of previous operator	Casinghead Gas		nie 🔄		00	············				
II. DESCRIPTION OF WE	LL AND LEASE		<u> </u>				·			
Lease Name Meyer B-4		No. Pool Na		<u> </u>			Kind of Les			ase No.
Location	· · · · · · · · · · · · · · · · · · ·			v Bline	0		State, Feder	al or Fee		31740
Unit Letter		Feet Fro	m The <u>7</u>	northein	e and	660	Feet Fro	om The	East	Line
Section 7 Tow	nahip 215	Range	36	E,N	MPM,	Z	ea			County
II. DESIGNATION OF TR Name of Authonized Transporter of O	ANSPORTER OI	FOIL AND	NATU	RAL GAS	·					
onoco anc. Surla	a Jam in	itation		Address (Giv	e address 10 Of 25	which app 877	fored copy	of this form	1 is 10 be sen 88240	0
Name of Authorized Transporter of Ca	uinghead Gas			Address (Giv	e address to 1	which app	roved copy	of this form	is to be see	"
f well produces oil or liquids, ve location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually			100 L)	mara	nd 2	74705
this production is commingled with the	hat from any other leas	e or pool, give	commingi	ling order mint	2 <u>~</u>				<u> </u>	
V. COMPLETION DATA										<u> </u>
Designate Type of Completion	on - (X)		s Well	New Well	Workover	Deep	en Plug	Back San	ne Res'v	Diff Res'v
				1 1		1	1			
	Date Compl. Read	ly to Prod.		Total Depth		1	P.B.1	r D.		
levations (DF, RKB, RT, GR, etc.)	Date Compl. Read			Total Depth Top Oil/Gas P	2y			r D.		
levations (DF, RKB, RT, GR, etc.)					2y		Tubir			
evations (DF, RKB, RT, GR, etc.)	Name of Producan	g Formation	G AND (Top Oil/Gas P		 	Tubir	ig Depth	0e	
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HOLE SIZE TEST DATA AND REQUIL L WELL (Test must be after	Name of Producan TUBIN CASING &	g Formation		Top Oil/Gas P	G RECOR		Depth	ng Depth Casing Sh SAC	S CEMEN	
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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.