Submit 5 Copies Appropriate District Office		State of New Mexico is and Natural Resources	Department	Form C-104 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 8824 DISTRICT II	Ø	SERVATION DI		See Instructions at Bottom of Page
P.O. Drawer DD, Anesia, NM 88 DISTRICT III	210 Santa Fe	P.O. Box 2088 , New Mexico 87504-		
1000 Rio Brazos Rd., Azzec, NM I.	REQUEST FOR A	LOWABLE AND AU	THORIZATION	
Operator On Dr. A. A.		ORT OIL AND NATU	Well API N	
Address 10 Desta Davi	e Ste 100 W) M	idland 24	<u> </u>	25-21/70
Reason(s) for Filing (Check proper		Other (F	l T [U] lease explain)	
Recompletion Change in Operator	Oil Ory Ga Casinghead Gas Conden	s 🗌 Lef	fective 8-1	-91
If change of operator give name and address of previous operator			<u> </u>	
II. DESCRIPTION OF W				
Meyer B-4	27 QU	me, Including Formation Center Blineb	Kind of Lea State, Feder	
Unit LetterH		m The <u>Mouth</u> Line and	Feet Fro	m The East Line
Section 4 To	ownahip 2.15 Range	36E, NMPM	Y.	County
III. DESIGNATION OF T Name of Authonized Transporter of	RANSPORTER OF OIL AND	NATURAL GAS		
Conoco Anc. Sur	ace mansportation	P.O. Boy 2:	ress to which approved copy of 587, Holeba M	of this form is to be sent) 1 PSZ40
Name of Authorized Transporter of Conoco Anc.	Casinghead Gas or Dry C	Address (Give add 10 Desta D	ress to which approved copy o We, Ste (ODL) M	f this form is to be sent) idland JY 79705
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. is gas actually com	ected? When ?	
IV. COMPLETION DATA Designate Type of Comple		s Well New Well Wor	kover 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	Tubin	g Depth
erforations			Depth	Casing Shoe
HOLE SIZE	TUBING, CASING	AND CEMENTING R		
	CASING & TUBING SIZ		HSET	SACKS CEMENT
V. TEST DATA AND REQ OIL WELL (Test must be m			:	
Date First New Oil Run To Tank	fter recovery of total volume of load oil i Date of Test	Producing Method ()	top allowable for this depth o low, pump, gas lift, etc.)	r be for full 24 hours.)
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- M	ĊF
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MN	ICF Gravity	of Condensate
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-in) Choke	Size
I hereby certify that the rules and re Division have been complied with a	ind that the information given shove		ONSERVATIO	NDIVISION
is true and complete to the best of m	ny knowledge and belief.	Date Appr	oved	
Christine L. Net	F Admin. Assistan	By	COMPLEMENT DA 15	<u></u>
Printed Name 1-31-91 Date	(915) 636-5494	/ Title		
	Telephone No.			

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.