Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	Energy, Mir	State of i nerais and Na	New Mexico atural Resources Depa	rtment		Form C-104 Revised 1-1-89
DISTRICT II P.O. Drawer DD, Artesia, NM 8824	OILCO	NSERV	ATION DIVIS	ION		See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8	Santa 7410		Mexico 87504-2088			
I. Operator	REQUEST FOR	ALLOWA	BLE AND AUTHO	RIZATION GAS		
Conoco Anc				Well	API No.	
10 Desta Dru	ie, Ste 100 W	midl	and 24 70	<u> </u>	-025-239	13/
Reason(s) for Filing (Check proper)	box) / Change in Trai		Other (Piease e	plain)		
Recompletion Change in Operator If change of operator give name		y Gas	effec	lui	8-1-91	
and address of previous operator	/					
II. DESCRIPTION OF WE						
Meyer B-4		Name, Includin	ng Formation		of Lease Federal or Fee	Lease No.
Location Unit Letter R		C				2-031740
<u> </u>	naship 2/15 Rang	From The <u>)</u> <u> ge 36</u>		<u>980</u> Fe	et From The $\underline{\zeta}$	ast_Line
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTER OF OIL A	ND NATUR			<u> </u>	County
Conocoche Suita	or condensate		Address (Give address to w	hich approved	copy of this form is to	be sent)
Name of Authorized Transporter of Ca			P. D. BOY 258 Address (Give address to w	hich approved i	2 NM 8824	0
if well produces oil or liquids, ive location of tanks.	Unit Sec. Twp.		10 Desta Dui	1, Ite 10	DW Midlan	d. 2X 7470
this production is commingled with the	All from any other loss and all	1	41	When		
V. COMPLETION DATA	in any other lease of pool, g	ive commingling	g order number			
	Oil Well					
Designate Type of Completion	(X) = (X)	Gas Weil	New Well Workover	Deepen	Plug Back Same Re	siv Diff Res'v
	Date Compi. Ready to Prod.		New Well Workover	L	Plug Back Same Re	es'v Diff Res'v
Date Spudded	$\overline{m} - (\mathbf{X})$	Т	Total Depth	ll	P.B.T D.	siv Diff Resiv
Date Spudded levations (DF, RKB, RT, GR, etc.)	Date Compi. Ready to Prod.	Т	1	I	P.B.T D.	siv Diff Resiv
Date Spudded levations (DF, RKB, RT, GR, etc.)	m - (X) Date Compl. Ready to Prod. Name of Producing Formation	n 1	Fotal Depth op Oil/Gas Pay		P.B.T D.	es'v Diff Res'v
Date Spudded levations (DF, RKB, RT, GR, etc.)	m - (X) Date Compi. Ready to Prod. Name of Producing Formation TUBING, CASI	n Tr	Fotal Depth op Oil/Gas Pay EMENTING RECORI		P.B.T D.	es v Diff Res v
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 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 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.