

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>Conoco Inc.</u>		Well API No. <u>30-025-24975</u>
Address <u>10 Desta Drive, Ste 100 W, Midland, TX 79705</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <u>effective 8-1-91</u>		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Meyer B-4</u>	Well No. <u>29</u>	Pool Name, including Formation <u>Eumont Queen Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LC-031740B</u>
Location <u>4883</u>				
Unit Letter <u>P</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>990</u>	Feet From The <u>East</u> Line	
Section <u>4</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Conoco Inc. Surface Transportation</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, NM 88240</u>	
If well produces oil or liquids, give location of tanks. _____		
Unit _____	Sec. _____	Tw. _____
Rge. _____	Is gas actually connected? <u>yes</u>	When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	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 _____		Tubing Depth _____			
Perforations _____					Depth Casing Shoe _____			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank _____	Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____	
Length of Test _____	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test _____	Oil - Bbls. _____	Water - Bbls. _____	Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____	Length of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
Testing Method (puot, back pr.) _____	Tubing Pressure (Shut-in) _____	Casing Pressure (Shut-in) _____	Choke Size _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Neff  
Signature  
Christine L. Neff Admin. Assistant  
Printed Name  
7-31-91 (915) 686-5494  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By JOHN L. SLOAN, DISTRICT MANAGER  
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.