NO. OF COPIES RECE	EIVED	i
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		
Operator		

	DISTRIBUTION SANTA FE FILE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65		
AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	AOTHORIZATION TO TRA	MISFORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL GAS					
	OPERATOR	4				
1.	PRORATION OFFICE Operator					
	Conoco Inc.					
	Address					
		obbe NM 88240				
P.O. Box 460, Hobbs, NM 88240 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of:	omer (Trease explain)			
	Recompletion	Oil Dry Ga	s 🗍			
	Change in Ownership	Casinghead Gas Conder				
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F	· · · · · · · · · · · · · · · · · · ·			
	Meyer A-1	19 Eumont Queer	1 Gas State, Feder	al or Fee LC-031740 (A)		
	Location					
	Unit Letter H; 1980)Feet From The North Lin	e and 890 Feet From	The East		
	10	0.1.0				
	Line of Section 18 Tov	wnship $21S$ Range 3	B6E , NMPM,	Lea County		
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	e			
	Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent)		
	Conoco Inc. Surface	Transportation	P.O. Box 2587 Hobb	oe MM 88240		
	Name of Authorized Transporter of Cas	singhead Gas Cor Dry Gas A	P.O. Box 2587, Hobb Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural Gas Company P.O. Box 1492, El Paso, Texas 7			Paso, Texas 79978		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen .		
	give location of tanks.	H 18 21S 36	Yes	12-30-87 1-21-88		
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completic	$\operatorname{On} - (X)$ Oil Well Gas Well X	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.		
	11-30-87	12-30-87	3835'	3787'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3648	Eumont Queen	3194'	3600'		
	Perforations			Depth Casing Shoe		
	3194' - 3612'			3835		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	1430'	660 sxs Class C		
	7 7/8"	5 1/2"	3830'	530 sxs Class C		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
		J				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	985	24 hr	0			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		100 FTP	180 FCP	36/64		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED FEB 2	2 1988		
				·		
	above is title and complete to the	best of my knowledge and belief,	ORIGINAL SIGNED BY JERRY SEXTON			
		TITLE DISTRICT I SUPERVISOR		1 SUPERVISORLLI		
			This form is to be filed in compliance with RULE 1104.			

	fy that the rules ar			
nmission n ve is true	ave been complied and complete to	the best of	my knowled	rmation given ze and belief.
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	of the same			
(1-12			
1	h to	OF F	 1101464	

(Signature) Administrative Supervisor
(Title)
January 14, 1988

(Date)

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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