

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator CONOCO INC.		Well API No. 30-025-32213
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MEYER B-8	Well No. 6	Pool Name, Including Formation EUMONT YATES 7 RVRS QUEEN	Kind of Lease State, Federal or Fee XXX	Lease No. LC 031740B
Location Unit Letter E : 1980 Feet From The NORTH Line and 810 Feet From The WEST Line Section 8 Township 21 S Range 36 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil CONOCO INC. TRANSPORTATION	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2587, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO EXPL. & PRODUCING INC. (022345)	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OK. 74102				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	Twsp. 21S	Rgn. 36E	Is gas actually connected? YES	When? 12-31-93

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-7-93	Date Compl. Ready to Prod. 12-30-93	Total Depth 3800		P.B.T.D. 3752				
Elevations (DF, RKB, RT, GR, etc.) GL 3586.4	Name of Producing Formation EUMONT	Top Oil/Gas Pay 2864		Tubing Depth 2942				
Perforations 2864 - 3180 & 3286 - 3623				Depth Casing Shoe 3800				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 420		SACKS CEMENT 320 SX			
7 7/8	5 1/2		3800		850 SX			
	2 3/8" TBG		2942					

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 12-31-93	Date of Test 1-4-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
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 683	Length of Test 24 HRS	Bbls. Condensate/MMCF 9	Gravity of Condensate
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 620	Casing Pressure (Shut-in)	Choke Size 32/64

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.

Signature  
BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name Title

1-11-94 915-686-5424  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 1994

By Orig. Signed by  
Paul Kautz  
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.