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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
1.	PRORATION OFFICE Operator					
	CONOCO INC. Address					
	P. O. Box 460, Hobbs, N.M. 88240					
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		request testines soo Barrels pr. the Secember 1979		
	and address of previous owner					
11.	DESCRIPTION OF WELL AND Lease Name Meyer B-314 Location Unit Letter : 660	Well No. Pool Name, Including Fo 5 Jalmat Jates	Feet From T	1 Sect		
	Line of Section 3/ Tov	waship 22 South Range 5	6 east, NMPM.	ee County		
III.	Name of Authorized Transporter of Oil Texas—New—Mex Name of Authorized Transporter of Car	ico Pipeline	Address (Give address to which approved Address (Give address (Give address to which approved Address (Give ad	Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	give location of tanks.	C 31 22 36	nive commissing order number:			
	If this production is commingled with that from any other lease or pool, give commingling order number: 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 F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (opth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
			<u> </u>	J		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIANCE 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.		OIL CONSERVATION COMMISSION APPROVED DEC 21 1979, 19 Ong. Signed by Forry Sexton				
	(Signature) (Title) Administrative Supervisor					
			This form is to be filed in compliance with RULE 1104. 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 allow-			
			able on new and recompleted wells.			

NEMOCD(4) NE DEC 2 U 1979 C.

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.