├—	DISTRIBUTE		ì			
L						
$\vdash$	ANTA FE					
-	FILE		-	_		
L	J.S.G.S.					
L	LAND OFFICE			_		
Γ	TRANSPORTER	OIL				
'		GAS				
(	OPERATOR					
	PRORATION OF	FIC E				
	Cperator					
Conoco Inc.						
A	ddress					
	P. O. Box 460,					
R	Reason(s) for filing (Check proper bo					
15	New Well					
F	Recompletion					
	Change in Ownership					

DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	•	OR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE	4	AND	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	45
LAND OFFICE	-		
TRANSPORTER GAS			
OPERATOR			
PROBATION OFFICE			
Operator			
Conoco Inc.			
Address	00010		
P. O. Box 460, H		Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Reclassified from	n gas well to oil
New Well	Oil Dry Gas	well effective 8-	
Recompletion Change in Ownership	Casinghead Gas X Condens		
change in Cumeromp			
If change of ownership give name		·	
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	mation   Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, Including For	Charles Tadarah	or Fee LC-032096 (b)
Lockhart B-14 A	1 Blinebry Oil &	Gas State, 1 state, 1	C. 1 of LC=032096 (B)
Location		660	. Fact
Unit Letter H : 198	O Feet From The North Line	and 000 Feet From T	he <u>East</u>
1/	210	37E , NMPM, Lea	County
Line of Section 14 To	wnship 21S Range	J/E , .ww.e.wi, Lea	
PERSONATION OF TRANSPORT	TER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Officers	or Condensate X	Aidress (Give address to which approv	ed copy of this form is to be sent;
Shell Pipeline Co.	<del>-</del>	Box 1910, Midland, Texas	5
Name of Authorized Transporter of Ca	singhead Gas 🗓 or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
Getty Oil Co.	!	Hobbs, NM	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n -
give location of tanks.			
If this production is commingled wi	ith that from any other lease or pool, g	give commingling order number:	
. COMPLETION DATA			Plug Back   Same Resty, Diff. Rest
Designate Type of Completi		New Well   Workover Deepen	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Edite Compl. Heddy to Prod.	.0.41 2-6544	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (Dr., KKB, KI, GK, etc.)			
Perforations			Depth Casing Shoe
Ferrora			<u> </u>
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			+
		L	1
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be af	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allo
OIL WELL	ibte joi mia de	Producing Method (Flow, pump, gas li	ft, etc.)
Date First New Oil Run To Tanks	Date of Test	· · · · · · · · · · · · · · · · · · ·	
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	. abing reseme	_	
Actual Prod. During Test	Cil-Bh.s.	Water - Bbls.	Gas-MCF
Actual Prod. During . est			
		<b>.</b>	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Charles Class
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		<u> </u>	<u> </u>
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION	
		APPROVED	· 1985
I hereby certify that the rules and	d regulations of the Oil Conservation		
a instanting been complied	with and that the information given he best of my knowledge and belief.	BY ORIGINAL AND	SEXTON
above is true and complete to t		- 11	The Control of the State of the Control of the Cont
		TITLE	
1/1-1/		This form is to be filed in	compliance with RULE 1104.
Jan Xila	Te-1		wable for a newly drilled or deeper anied by a tabulation of the deviat
	(nature)	Il	Stdfuce with work in.
Administrative Supervisor		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 arms and wells.

(Title)

7-29-85

AUG - 2 1985