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: Conoco Inc.

Well API No.: 30-25-067590

Address: 10 Desta Drive STE 100 W. Midland, TX 79705

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [XX]
Change in Operator [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
LOCKHART A-27	10	PADDOCK		LC 32096A

Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 27 Township 21 S Range 37 E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
TEXAS-NEW MEXICO PIPELINE

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 2528, HOBBS, NM 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
TEXACO PRODUCING INC

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 3000, TULSA, OKLAHOMA 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	B	27	21S	37E	YES	12-11-91

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
	XX					XX		XX

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-6-91	6569	6385

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	PADDOCK	5175	5116

Perforations: 5175-5196, 5217-5252

Depth Casing Shoe:

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		SAME AS	BEFORE

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.)	
12-7-91	12-11-91	PUMPING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HR			
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
110	52	100	111

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. 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. STAFF ANALYST
Printed Name — Title

1-28-92 — Date
915-686-5424 — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: MAR 13

By: ORIGINAL SIGNED BY TIM W. GUM
DISTRICT I SUPERVISOR

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.