Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1990, Hobbs, NM \$2240	Ener		f New Mexico Natural Resources Departum	nt	Form C-104 Revised 1-1-89 See Instructions	
STRICT II D. Drawer DD, Assaia, NM \$2210 P.O.			ATION DIVISIO	N	at Bottom of Page	
DISTRICT III	_	Santa Fe, New	Mexico 87504-2088			
1000 Rio Brazos Rd., Aztec, NM 8741	REQUES	T FOR ALLOW	ABLE AND AUTHORIZ	ZATION		
Coperator	TO	TRANSPORT	DIL AND NATURAL GA	S Well API No.		
CONOCO INC				30-025-06	796	
Address 10 Desta Drive S	Ste 100W, Mi	dland, TX 79	9705			
Reason(s) for Filing (Check proper box	с		Other (Please expla	ia)		
	Oil	age in Transporter of:] TO CORRECT T THE ONGARD A	RANSPORTER TO UDIT CORRECTIO	AGREE WITH	
Change in Operator	Casinghead Gar	Condensate]			
ad address of previous operator	·					
I. DESCRIPTION OF WEL				······································		
LOCKHART A-27	12	INo. Pool Name, Inch TUBB OIL 8	•	Kind of Lease State, Faderal or Fee	Lease No. LC 032096A	
Location D						
Unit Letter		Feet From The	NORTH Line and 330	Feet From The .	WEST Line	
Section 27 Town	hip 21 S	Range 31	7 E , NMPM, LEA		County	
II. DESIGNATION OF TRA	NSPORTER O	F OIL AND NAT				
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPE		ondensate	Address (Give address to whi			
Name of Authorized Transporter of Cas		or Dry Gas	P.O. BOX 2528. H			
GPM GAS CORP	······			4001 PENBROOK, ODESSA, TX.		
ive location of tanks.			YES			
this production is commingled with the V. COMPLETION DATA	it from any other leas	te or pool, give commis	ngling order number:			
		Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completio	n - (X) Dete Compl. Ree		Total Depth	P.B.T.D.	İ	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				P.B.1.D.		
		ng Formation	Top Oil/Ges Pay	Tubing Dept	Tubing Depth	
erforations		Mar	·	Depth Casing	; Shoe	
<u>,</u>	TUBI	NG. CASING ANI	D CEMENTING RECORD	<u> </u>		
HOLE SIZE		& TUBING SIZE	DEPTH SET		SACKS CEMENT	
	I' ' '					
	<u> </u>	<u> </u>			<u> </u>	
······································						
. TEST DATA AND REQUE	ST FOR ALLO)WABLE				
IL WELL (Test must be after	recovery of total vol		st be equal to or exceed top ellow		r full 24 hours.)	
IL WELL (Test must be after			st be equal to or exceed top ellow Producing Method (Flow, pum		r full 24 hours.)	
IL WELL (Test must be after bate First New Oil Rua To Tank	recovery of total vol				r full 24 hours.)	
IL WELL (Test must be after bate First New Oil Rua To Tank angth of Test	recovery of total vol Date of Test		Producing Method (Flow, press	p, gas lift, etc.)	r fuli 24 hours.)	
IL WELL (Test must be after bate First New Oil Run To Tank ength of Test actual Prod. During Test	Tubing Pressure		Producing Method (Flow, party Casing Pressure	p, gas lift, etc.) Choka Siza	r full 24 hours.)	
IL WELL (Test must be after bate First New Oil Run To Tank ength of Test count Prod. During Test GAS WELL	recovery of total vol Date of Test Tubing Pressure Oil - Bbls.		Producing Method (Flow, party Casing Pressure	p, ges lift, etc.) Choke Size Ges- MCF		
IL WELL (Test must be after bate First New Oil Rua To Tank angth of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	recovery of total vol Date of Test Tubing Pressure Oil - Bbis. Length of Test	ume of load oil and mu	Producing Method (Flow, perm Casing Pressure Water - Ebis. Bbis. Condenante/MMCF	p, gas lift, etc.) Choke Size Gas- MCF Gravity of Co		
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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.