

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. 30-025-06797
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator:	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOCKHART A-27	Well No. 11	Pool Name, including Formation PADDOCK	Kind of Lease State, Federal or Fee	Lease No. LC 032096A
Location				
Unit Letter H	1980	Feet From The NORTH	Line and 660	Feet From The EAST
Section 27	Township 21 S	Range 37 E	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE	☒ or Condensate ☐	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 TEXACO EXPL & PRODUCING INC	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OKLA. 74102				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twp. 21S	Rgn. 37E	Is gas actually connected? YES	When? 7-10-93

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 XX	Gas Well	New Well	Workover XX	Deepen	Plug Back XX	Same Res'v	Diff Res'v XX
Date Spudded 1947	Date Compl. Ready to Prod. 6-30-93		Total Depth 6610		P.B.T.D. 5210			
Elevations (DF, RKB, RT, GR, etc.) DF 3406	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5065		Tubing Depth 5015			
Performances 5065 - 5093				Depth Casing Shoe 6570				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 3/8		197		200 SX			
	9 5/8		2420		500 SX			
	7		6570		500 SX			
	2 3/8		5015					

V. TEST DATA AND REQUEST FOR ALLOWABLE

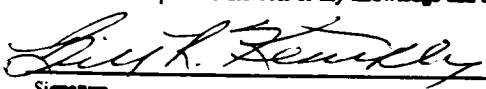
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 7-8-93	Date of Test 7-12-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 3	Oil - Bbls. 3	Water - Bbls. 3	Gas- MCF 12

GAS WELL

Actual Prod. Test - MCF/D 4000	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. REGULATORY SPEC.
Printed Name
8-9-93
Date
915-686-5424
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 18 1993

By _____ Orig. Signed by
Paul Kautz
Geologist

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.