NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA PAR REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. IZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Conoco Inc. Address P.O. Box 460, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Name change from Lockhart A-35 Com #3 Change in Ownership Casinghead Gas X Condensate Comm. agreement cancelled If change of ownership give name and address of previous owner ___ 1. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. Lockhart A-35 3 Tubb Oil & Gas State, Federal or Fee 071132096A Location Unit Letter ___C 660 Feet From The North Line and 1980 Feet From The West: Line of Section 35 Township 21-S Range 37-E , NMPM, Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Box 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 💢 💮 or Dry Gas 🗔 Getty Oil Company Box 730, Hobbs, New Mexico 88240 Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. В 35 21S 37E Yes <u>February 6.</u> If this production is commingled with that from any other lease or pool, give commingling order number: PC - 169 **COMPLETION DATA** Oil Well Gas Well New Well Plug Back Same Resty. Diff. Resty. Designate Type of Completion +(X)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 SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbis. Gan - MCF **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-is) OIL CONSERVATION COMMISSION FEB - 7 1985 1. CERTIFICATE OF COMPLIANCE APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given ORIGINAL SIGNED BY JERRY SEXTON above is true and complete to the best of my knowledge and belief. DISTRICT T BUPERVISOR

TITLE .

(Signature)

(Title)

TERM.

Administrative Supervisor

Patriors 1, 1945

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 swaer, well name or number, or transporten or other such change of deficition.

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.

This form is to be filed in compliance with RULE 1104.

Separate Forms C-104 must be flice for each peol in multiply completed wells.

RECEIVED

FEB -6 1985

O.C.D. HOBES CAPICE