Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico _nergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT II
P.O. Drawer DD, Ameria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	inta Fe, New	Mexico 875	504-2088					
I.	REQL		OR ALLOW				ŀ			
Operator		IO IN	ANSPORT C	IL AND NA	ATURAL G		A DY NO.			
Conoco Inc.	Conoco Inc.					Well API No. 30-025-07034				
Address 10 Desta Drive	Ste 100%	v. Mid	land. TX	 79705		<u> </u>	30-023-0	1004		
Reason(s) for Filing (Check proper box)					het (Piease exp	lais)				
New Well		Change in	Transporter of:		ion is serve Exp	········				
Recompletion	Oil		Dry Gas							
Change in Operator If change of operator give name	Casinghead	d Gas	Condensate							
and address of previous operator II. DESCRIPTION OF WELL	ANDIE	CE						_		
Lease Name	Wall No. Dool Name Institution Formation								esse No	
LOCKHART B-35	3 TUBB GAS			-			Federal or Fee LC 032096B			
Location H	400			LIODEN!				•		
Unit Letter	<u> </u>	30	Feet From The _	NORTH Lin	e and	6 <u>60</u> F	eet From The	RAST	Line	
Section 35 Township 21 S Range 37 E NMPM, LEA County										
III DEGIONATION OF THE									County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OI					 			
	Address (Give address to wnich approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										
TEXACO EXPL & PRODUC	P.O. BOX 3000, TULSA, OKLA. 74102									
give location of tanks.							When ? 6-14-93			
If this production is commingled with that							0-14-33			
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to	XX Prod.	Total Depth		Ĺ	P.B.T.D.		<u> XX</u>	
6-19-47	6-10			6548			6400			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	•	mation	Top Oil/Gas Pay			Tubing Depth			
Perforations	6065			6100						
6065 - 6225										
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE 17 1/2	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 184	13 3/8			198			200 SX 500 SX			
8 3/4	9 5/8 5 1/2			2440 6547			500 SX			
	2 3	3/8		6100			300 32	Δ		
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	volume of	load oil and must		exceed top allow thod (Flow, pur			full 24 hours	r.)	
	3-0-0-10-				and (r ma, pa	, p, g	C. ,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
chial Prod. During Test Oil - Bbls.				Water - Pols			Gas- MCF			
	Oil - Bois.			Water - Bolk			Cas- MCF			
GAS WELL				1						
Actual Prod. Test - MCF/D	Length of Tes	4		Bbls. Condense	Me/MIMCF		Gravity of Cond	ensale		
217	24			0						
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
ORFICE	110						20/64			
VI. OPERATOR CERTIFIC A I hereby certify that the rules and regular				0	IL CONS	SERVA	TION DI	visio:	V	
Division have been complied with and the		, , ,				•				
is true and complete to the best of my kn	Date Approved JUL 1 4 1993									
3.185		, , 4	-							
Signature				ByORIGINAL SIGNED BY JERRY SEXTON						
BILL R. KEATHLY SR. RÉGULATORY SPEC. Printed Name Title				DISTRICT I SUPERVISOR						
	Title_		-							
Date		5-686-								

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.

PECEWED

766 / 1993

Section 18