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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.  
Operator Conoco Inc. Well API No. 3002508725  
Address P.O. Box 1959 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 B-1 Well No. 4 Pool Name, including Formation Eumont Queen Gas Kind of Lease State, Federal or Fee Lease No. 0300626650  
Location  
Unit Letter G : 1980 Feet From The N Line and 2310 Feet From The E Line  
Section 1 Township 22S Range 36E, NMPM, Lea County \_\_\_\_\_

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which 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) \_\_\_\_\_  
Phillips GPM Gas Corporation EFFECTIVE: February 1, 1990 4001 Pentbrook Odessa, TX 79762  
If well produces oil or liquids, give location of tanks. Unit \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Is gas actually connected? Yes When? 9-16-90

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

HOLE SIZE	TUBING, CASING AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE		

**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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	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 Ceal O. Yarbrough  
Printed Name Ceal O. Yarbrough Title Sr. Analyst  
Date 11-8-90 Telephone No. (915) 686-5583

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.