NO. OF JOPIES RECEIVED	1		
DISTRIBUTION	——————————————————————————————————————	CONCEDUATION COMMISSION	F
SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
FILE	REGUEST	AND	Effective 1-1-65
U.S.G.S.	ALITHOPIZATION TO TR	ANSPORT OIL AND NATURAL G	242
LAND OFFICE	AUTHORIZATION TO TRA	AND ON FOR AND NATURAL O	3.73
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			-
Conoco Inc	•		
Address			
	60, Hobbs, New Mexico 882		
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:	Change of corpor	
Recompletion	Oil Dry G		Company effective
Change in Ownership	Castnahead Gas Conde	nsate □ July 1, 1979.	
If change of ownership give nam	e		
and acdress of previous owner _			
DESCRIPTION OF WELL AN	VD LEASE. Well No. Poor Name, Including F	Formation Kind of Lease	e Lease No.
Lockhart B-1	/ λ		
Location Location	> HALOWNEST - C	aray aura State, Federa	20 20 7 7
	- / 4	198x	Ę
Unit Letter;	e 65 Feet From TheLI	ne and 1986 Feet From T	The
1, (Samue)	Township 22-5 Rance	36-E , NMPM, L	County
Line of Section	editor. C C queriwer	, малем,	304.17
DECIGNATION OF TRANSPO	OBTED OF OUR AND MATERIAL C	10	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.	A.3 Andress (Give address to which approx	ved copy of this form is to be sent;
1 . 4	T	D	
1 / CAUS - NEW INEX		1 K N/ 15/2 N/1/4/2	A 7000
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Acadress (Give address to which approx	ved copy of this form is to be sent)
1 11 000	Casinghead Gas 🔀 of Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent;
Getty Oil Co.	Casinghead Gas Z of Dry Gas	Address (Give address to which approx Hobbs M.M. Is gas actually connected? When	
1 11 000	Casinghead Gas 🔀 or Dry Gas 🚞	40665 N.M.	
Getty Oil Co. If well produces oil or liquids, give location of tanks.	Casinghead Gas 😿 or Dry Gas Unit Sec. Twp. Ege.	Hobbs N.M. Is gas actually connected? Who	
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tubing Pressure (Shut-in)

(Signature)

Division Manager

(Title) 3-79

NMOCD (5)

(Date) USES(2) NMFULLY) FILE OIL CONSERVATION COMMISSION

Choke Size

APPROVE BY District Supervisor TITLE.

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

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.

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completes wells.

Casing Pressure (Shut-in)

RECEIVED

JUNI 8 1979

OIL CONSERVATION COMM.

HORBS. N. M.