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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

OIL CONSERVATION DIVISION

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

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

Operator Conoco Inc.	Well API No. 30-025-24858
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> XX	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOCKHART B 35	Well No. 5	Pool Name, Including Formation PADDOCK	Kind of Lease State, Federal or Fee	Lease No. LC 032096B
Location Unit Letter H : 2180 Feet From The NORTH Line and 630 Feet From The EAST Line Section 35 Township 21 S Range 37 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> XX or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TAXAS-NEW MEXICO PIPELINE	P.O. BOX 2528, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> XX or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXACO EXPL & PRODUCING INC.	P.O. BOX 3000, TULSA, OKLA. 74102
If well produces oil or liquids, give location of tanks.	Unit B Sec. 35 Twp. 21S Rge. 37E Is gas actually connected? YES When? 8-12-92

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	Deepen	Plug Back XX	Same Res'v	Diff Res'v XX
Date Spudded 10-20-81	Date Compl. Ready to Prod. 7-10-92	Total Depth 7505	P.B.T.D. 6785					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation PADDOCK	Top Oil/Gas Pay 5146	Tubing Depth 5100					
Perforations 5193 - 5257	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	SAME AS	BEFORE						

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 8-14-92	Date of Test 8-17-92	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 111	Oil - Bbls. 17	Water - Bbls. 65	Gas- MCF 40

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 BILL R. KEATHLY SR. REGULATORY SPEC.

Printed Name 8-19-92 Title 915-686-5424
Date Telephone No.

OIL CONSERVATION DIVISION
AUG 24 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.