

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

Operator Conoco Inc.		Well API No. 30-025-32169
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 A-27	Well No. 14	Pool Name, Including Formation PADDOCK	Kind of Lease State, Federal or Fee XXXX	Lease No. LC 032096A
Location Unit Letter A : 660 Feet From The NORTH Line and 990 Feet From The EAST Line Section 27 Township 21 S Range 37 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO EXPL & PRODUCING INC	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA OKLA. 74102				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twsp. 21S	Rge. 37E	Is gas actually connected? YES	When? 11-24-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-22-93	Date Compl. Ready to Prod. 11-23-93		Total Depth 5400		P.B.T.D. 5303			
Elevations (DF, RKB, RC, GR, etc.)	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5206		Tubing Depth 5135			
Perforations 5206 - 5246					Depth Casing Shoe 5350			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 3/8 TBG		DEPTH SET 1165 5350 5135		SACKS CEMENT 620 SX 1150 SX			

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.)

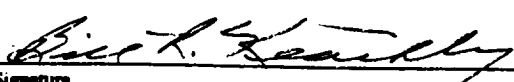
Date First New Oil Run To Tank 11-24-93	Date of Test 11-27-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure 110	Choke Size
Actual Prod. During Test 382	Oil - Bbls. 111	Water - Bbls. 100	Gas- MCF 216

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  
11-29-93  
Date  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 01 1993

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.