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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

Conoco Inc.

Address

P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change of corporate name from
Continental Oil Company effective
July 1, 1979.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|-------------------------------|
| Lease Name <u>Lockhart B</u> | Well No. <u>7</u> | Pool Name, including Formation <u>Eumont Queen Gas</u> | Kind of Lease State, Federal or Free | Lease No. <u>LC-032099</u> |
| Location Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>W</u> | | | | |
| Line of Section <u>13</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Shell Pipeline Co.</u> | <u>Box 1598 Hobbs N.M.</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Co.</u> | <u>Box 1384 Jal New Mexico 88252</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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't. | Diff. Res't. |
| 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 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 Tanks | 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

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.

[Signature]
(Signature)

Division Manager

6/13/79
(Date)

NMOC (5)

USGS(2) NMFC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE District Supervisor

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 completed wells.

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JUN 18 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
NOTES AND CE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 23 11 45 AM '68

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

| | |
|--|---|
| Operator <i>Continental Oil Company</i> | |
| Address <i>Box 460, Hobbs, New Mexico 88240</i> | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------|------------------------|---|---------------------------------|---------------------------------|
| Lease Name <i>Lockhart B</i> | Well No. <i>7</i> | Pool Name, Including Formation <i>Eumost Queen Gas</i> | Kind of Lease <i>Federal</i> | Lease No. <i>LC 032099 b</i> |
| Location | | | | |
| Unit Letter <i>D</i> | <i>330</i> | Feet From The <i>North</i> | Line and <i>330</i> | Feet From The <i>West</i> |
| Line of Section <i>13</i> | Township <i>21S</i> | Range <i>36E</i> | NMPM, <i>Lea</i> County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| <i>El Paso Natural Gas Co.</i> | <i>Box 1384, Hobbs, New Mexico 88252</i> | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | <i>7</i> | <i>21</i> |
| | Twp. | Rge. |
| | <i>36E</i> | <i>330</i> |
| | Is gas actually connected? <i>No</i> | |

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. |
| | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| | <i>7-6-68</i> | <i>3885</i> | <i>3705</i> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| <i>3575 DF</i> | <i>Queen</i> | <i>3433</i> | <i>3654</i> | | | | | |
| Perforations <i>3433, 46, 79, 91, 3533, 54, 71, 82, 94, 3605, 16, 25, 40, 3654, 72, + 3679.</i> | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | <i>10 3/4"</i> | <i>263</i> | <i>225</i> | | | | | |
| | <i>7 5/8"</i> | <i>1370</i> | <i>425</i> | | | | | |
| | <i>5 1/2"</i> | <i>3720</i> | <i>425</i> | | | | | |
| | <i>2 3/8"</i> | <i>3654</i> | | | | | | |

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 Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | Casing Pressure | Choke Size |
| Length of Test | Tubing Pressure | Water-Bbls. | Gas-MCF |
| Actual Prod. During Test | Oil-Bbls. | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| <i>1577</i> | <i>1 Hour</i> | <i>0</i> | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| <i>Back Pressure</i> | <i>547</i> | <i>547</i> | <i>1 1/4"</i> |

VI. CERTIFICATE OF COMPLIANCE

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.

Notice - 6 att-Rev-2 Chem-Mtd-2 Perm-Am-Hobbs-2
file
Robert Gault III
(Signature)
Administrative Section Chief
(Title)
8-23-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Joe O'Kane*
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.
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