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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

GAS

OPERATOR

PRORATION OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 1 ... O.C.C. ARTESIA, OFFICE

... '68

I. OPERATOR

Co... Oil Company

Address: P. O. ... Cobbs, New Mexico 88240

Reason for Filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate

Other (Please explain)

Do change lease name and well number from Lockhart B-13 No. 1 effective 12-1-67.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Lock...

Well No.: 7

Pool Name, Including Formation: Eunice Grayburg S.A.

Kind of Lease: State, Federal or Fee: Federal

Lease No.: LC 029390b

Location

Unit Letter: ... 330 Feet From The North Line and 330 Feet From The West

Line of Section: 13 Township: 21S Range: 36E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Sh... Pipe Line Corp.

Address (Give address to which approved copy of this form is to be sent): Box 1509, Cobbs, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas: C... Natural Gas Company

Address (Give address to which approved copy of this form is to be sent): Eunice, New Mexico

If well produces oil or liquids, give location of tanks: Unit ... Sec. 14 Twp. 21S Rge. 36E Is gas actually connected? Yes 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 Resv.	Diff. Resv.

Date Spudded: ... Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:

Elevations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:

Perforations: Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 a 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

Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MCF: 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.

NMOCC-4 MEL-Res-2 CHEV-Mid-2
BAL-Hobbs-2 RFP FILE

(Signature)

Production Engineer
(Title)

12-28-67
(Date)

OIL CONSERVATION COMMISSION

JAN 5 1968

APPROVED ..., 19

BY ...

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 only Sections I, II, III, and VI for changes of owner, or other such transporter, or other such change of condition.

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