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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator CONOCO INC. Well API No. 300250481100
Address PO Box 1959 MIDLAND, TX 79705
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☒
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|--------------------------------|
| Lease Name <u>LOCKHART B-28</u> | Well No. <u>3</u> | Pool Name, Including Formation <u>EUMONT QUEEN GAS</u> | Kind of Lease State, Federal or Fee | Lease No. <u>0300626650</u> |
| Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>6600</u> Feet From The <u>WEST</u> Line Section <u>28</u> Township <u>21S</u> Range <u>36E</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"/> <u>Phillips 66 Natural Gas Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK ODESSA, TX 79762</u> | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <u>PHILLIPS 66 NATURAL GAS COMPANY</u> | Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK ODESSA, TX 79762</u> | |
| If well produces oil or liquids, give location of tanks. Unit <u>EFFECTIVE</u> <u>Feb 1988</u> | Is gas actually connected? <u>YES</u> | When? <u>8-3-90</u> |

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 |
| Date Shutoff | Latest Comp. 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 | | | | | | | | |
| 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 Tank | 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 (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 H. L. Deathe
Printed Name H. L. DEATHE ADMINISTRATIVE SUPERVISOR
Title _____
Date SEP 6 1990 (915) 686-5400
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____
By Paul Geologist
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.