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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS

REQUEST FOR ALLOWABLE
AND

AUTHORIZAT ON TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 33240	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Crudehead 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 Lockhart B-28	Well No. Pool Name, including Formation 6 Eumont Yates TRuss Queen	Kind of Lease State, Federal or Free	Lease No. LC 032099(6)
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u>			
Line of Section <u>28</u> Township <u>21-S</u> Range <u>36-E</u> N.M.P.M. <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Texas - New Mexico Pipeline Co. Box 1510, Midland, Texas				
Name of Authorized Transporter of Crudehead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corp. Tulsa, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	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 Reentry	Drill Reentry
Date spaced	Date Comp. Ready to Prod.	Total Depth		R.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay		Testing 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

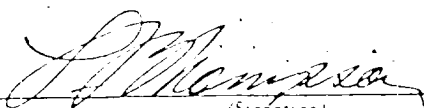
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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.)	Testing 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)

Division Manager

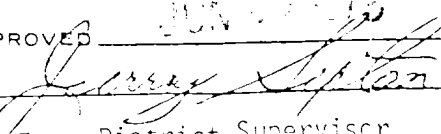
(Title)

6-73-79
(Date)

NMCCD (5)

USGSC(2) NMFu(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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 allow-
able 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.

RECEIVED

JUN 18 1979

**OIL CONSERVATION COMM.
HONOLULU, H. I.**