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į	NO. OF COPIES RECEIVED	· ·	•		
	DISTRIBUTION :	NEW MEXICO OIL C	ONCEDUAT		
	SANTA FE	REQUEST			
	FILE	i REGUEST	AND		
	U.S.G.S.	AUTHORIZATION TO TRA			
	LAND OFFICE	AUTHORIZATION TO TRA	MASE OK I		
	OIL	4			
	TRANSPORTER GAS				
	OPERATOR				
_	PRORATION OFFICE	<u>:</u>			
I.	Cperator				
	Conoco Inc.				
	P.O. Box 460, Hobbs, New Mexico 88240				
	Reason(s) for tiling (Check proper box)				
	New Well	Change in Transporter of:			
	Recompletion	OII Dry Go	ıs 🗀		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name and address of previous owner				
11	DESCRIPTION OF WELL AND	LEASE			
**.	Lease Name	Weil No. Pool Name, Including F	crmution		
	Lockhart B-12	5 Hare Simps	on		
	Location				
	Unit Letter E : 16	5_{o} Feet From The $_{\sim}$ LIr	ne and		
	Onit Letter	2			
	Line of Section 12 Tov	waship 21-5 Range	37-8		
***	DEGION ATTION OF THANCHOR	rep or out AND NATURAL CA	16		
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (C		
	1 < 1 11 D. A. A	1 _			
	Name of Authorized Transporter of Cas	stagneda Gas or Dry Gas	Address (
	, tame of real states of the s	,			
		Unit Sec. Twp. Fige.	Is gas act		
	If well produces oil or liquids, give location of tanks.				
		<u> </u>	.		
13.		th that from any other lease or pool,	give commi		
1.	COMPLETION DATA	Cit Well Gas Well	New Well		
	Designate Type of Completion	on = (X)			
	Date Spudged	Date Compi. Ready to Prod.	Total Dept		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/G		
, , , , , , , , , , , , , , , , , , , ,					
	Perforations				
		TUBING, CASING, AN	D CEMENT		
	HOLE SIZE	CASING & TUBING SIZE			
			<u> </u>		
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery				
•	OIL WELL	able for this d	epth or be for		
	Date First New Cil Run To Tanks	Date of Test	Producing		
	Length of Test	Tubing Pressure	Casing Pr		
	Actual Prod. During Test	Cil-Bola.	Water - Bb.		
	GAS WELL		-, · · · · · · · · · · · · · · · · · · ·		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Con		
			1		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pr		

}	SANTA FE	i	FOR ALLOWABLE	Form C+104 Superseaes Old C+104 and C+110 Elfective 1-1-65		
}	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
t	LAND OFFICE	AUTHORIZATION TO TRANSPORT DIE AND NATURAL GAS				
	TRANSPORTER OIL					
	OPERATOR GAS	1				
1.	PRORATION OFFICE	<u>:</u> !				
	Conoco Inc.					
	Aggress					
	P.O. Box 460, Hobbs, New Mexico 88240 Seasons) for Living (Check proper box)					
	Reason(s) for filing (Check proper box.					
	Recompletion	CII Dry Ga	s Continental Oil	Company effective		
	Change in Ownership	Casingheaa Gas Conder	July 1, 1979.			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Weil No. Pool Name, Including F	ormution Kind of Lee	ISE Leise No.		
	Lockhart B-12 5 Have Simpson State, Federal or Fee LC-0320966					
	Location 94/1 30/					
	Unit Letter E ; 16	5 Feet From The V Lin	e and	n The		
	Line of Section 12 Tov	vnship 21-5 Range	37-E , NMPM,	Lea County		
111	DECIONATION OF TRANSPORT	rep of ou AND NATURAL GA	\$			
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Shell Pipeline (or Dry Gas	Cina address to which app	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhedd Gds or Dry Gds	Address forthe dadress to which app	rotes copy by this form is to se senty		
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When					
	give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		
	f this production is commingled with that from any other lease or pool, give commingling order number:					
17.	COMPLETION DATA	Cit Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,		
	Designate Type of Completic		Total Deptn	P.B.T.D.		
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	F.B		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	The state of the s	OD ALLOWADIE (T	i	iii and must be equal to be excessified allow-		
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. WELL					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.j		
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size		
	Actual Prod. During Test	C11-B518.	Water - Bbis.	Gas - MCF		
Į.			<u> </u>			
	GAS WELL			Gravity of Condensate		
	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)	Choxe Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	MATION MISSION		
	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.		BY Cray Xifton			
			TITKE District SU	pervisor		
	Page 1		11000	•——·		
	11 4 Manissa		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			
	(Signature)					
	Division Manager (Title)					
	6-13-79 NMOCD (5) (Date)					
	NMOCD (5) (Date)					
	(C) 2.3.2.2 \(\text{V}\)	MFULY) FILE	completed wells.	• •		

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JUN 1 8 1979
OIL CONSERVATION COMM.
HORBS, N. M.