Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240	New Mexic atural Reso			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O.				Box 2088		ON		at porton of Life
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	• REQ	UEST F	anta Fe, New I OR ALLOWA				1	
I. Operator	<u></u>	TO TR	ANSPORT O	IL AND N	ATURAL		API No.	
Conoco Inc.						we.	30-025-06	544
Address 10 Desta Drive	Ste 1000	W. Midl	land, TX 7	9705		I,	00 020 00	
Reason(s) for Filing (Check proper box))				Ther (Please at	plain)	<u>_</u>	······································
New Well Image: New Well Recompletion Image: New Yell Change in Operator Image: New Yell	Oil Casingher	хЮ	Transporter of: Dry Gas	E	FFECTIVE	NOVEMBE	CR 1 1993	
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL		ASE						······································
Lesse Name	L AND LE	Well No.	Pool Name, Inclu	ding Formatio	•		t of Lease	Lease No.
LOCKHART B-12		9	BLINEBRY	OIL & G	AS ·	State	, Federal or Fee	LC 032096B
Location G	. 198	30	F. 4 F	NORTH .		2310 .		WEST
12	:	···· ·· ·		L		·	Feet From The	Line Line
Section Towns	hip 21	l S	Range 3	7 E ,	NMPM,	LEA		County
III. DESIGNATION OF TRA	NSPORTE	P.OF OI	IL AND NATI	JRAL GAS	5			
Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO	EO	G CELA	ey Pipeline L ve 4-1-94	Address (G	ive address to		d copy of this form	
Name of Authorized Transporter of Casi			or Dry Ges				N, TX. 772 Copy of this form	
TEXACO EXPL & PRODUC	-						OKLA. 74	
If well produces oil or liquids, give location of maks.	Unit F	Sec. 12	Twp. Rge. 215 37E	Is gas actual YE	illy connected? ES	When	17	
If this production is commingled with that IV. COMPLETION DATA	I from any oth	er lease or p				I	<u> </u>	·····
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded		N. Ready to	Prod.	Total Depth	<u> </u>	1		I
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								
			mation	Top Oil/Gas Pay			Tubing Depth	
Perforations	<u></u>		······································	_I			Depth Casing S	hos
			CASING AND	CEMENT				
HOLE SIZE			CASING AND BING SIZE	CEMENT	ING RECO			XS CEMENT
HOLE SIZE				CEMENT				
HOLE SIZE				CEMENT				KS CEMENT
	CAS	SING & TU	BING SIZE	CEMENT				XS CEMENT
V. TEST DATA AND REQUE OIL WELL (Ten must be after t	CAS ST FOR A	SING & TUI	BING SIZE	be equal to o	DEPTH SE	lowable for thi	SAC	
V. TEST DATA AND REQUE	CAS ST FOR A	SING & TUI	BING SIZE	be equal to o	DEPTH SE	lowable for thi	SAC	
V. TEST DATA AND REQUE OIL WELL (Test must be after) Date First New Oil Run To Tank	CAS ST FOR A	SING & TUI	BING SIZE	be equal to o	DEPTH SE	lowable for thi	SAC	
V. TEST DATA AND REQUES OIL WELL (Test must be after to Date First New Oil Run To Tank Length of Test	CAS ST FOR A recovery of total Date of Test	SING & TUI	BING SIZE	be equal to o Producing M	DEPTH SE r exceed top all lethod (Flow, p lure	lowable for thi	s depth or be for j	
V. TEST DATA AND REQUES OIL WELL (Test must be after) Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CAS ST FOR A recovery of tota Date of Test Tubing Pres	SING & TUI	BING SIZE	be equal to o Producing M Casing Press	DEPTH SE r exceed top all lethod (Flow, p lure	lowable for thi	s depth or be for j tc.)	
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V. TEST DATA AND REQUES OIL WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitcl. back pr.) VI. OPER ATOR CERTIFIC	CAS ST FOR A recovery of tota Date of Test Tubing Press Oil - Bbls.	SING & TUI	BING SIZE BLE If load oil and must (load oil and must LIANCE	be equal to o Producing M Casing Press Water - Etis Bbis. Condes Casing Press	DEPTH SE r exceed top all lethod (Flow, p lure lethod (Flow, f) ure lethod (Flow, f) lethod (Fl	lomable for thi	SAC SAC s depth or be for j ttc.) Choke Size Gas- MCF	full 24 hours.)
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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.