

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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LAND OFFICE	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Conoco Inc.Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☒	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

We respectfully request a test allowable of 1000 BO for the month of April 1986.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lockhart B-12	Well No. 2	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. LC-032096 (b)
Location Unit Letter D : 330 -310	Feet From The North	Line and 810	Feet From The West	
Line of Section 12	T. andship 21S	Range 37E	NMPM	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, N. M. 88231		
If well produces oil or liquids, give location of tanks.	Unit F Sec. 12 Twp. 21S Rge. 37E	Is gas actually connected? No	When

(If this production is commingled with that from any other lease or pool, give commingling order number) PC-536

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reval.	Dist. h
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations 7475' - 7555' Abo			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 10% of total volume of load oil 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	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

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.

Administrative Supervisor

April 14, 1986

OIL CONSERVATION DIVISION

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of content.