

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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| TRANSPORTER | OIL |
| | NAT |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input checked="" type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

We respectfully request a test allowable of 1250 BO for the month of March 1984.

(If change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|------------------------------------|--------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Lockhart B-13 A | 1 | Wantz Abo | State, Federal or Fee LC-032096(B) | |
| Location | | | | |
| Unit Letter | M | 660 Feet From The South | Line and 660 | Feet From The West |
| Line of Section | 13 | Township | 21S | Range |
| | | | 37E | NMPM, Lea |
| | | | | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|---------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Texas New Mexico Pipeline Company | P. O. Box 2528, Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Getty Oil Company | P. O. Box 1137, Eunice, New Mexico 88231 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | L | 13 |
| | Twp. | 21S |
| | Rge. | 37E |
| | Is gas actually connected? | When |
| | Yes | 9-25-73 |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-639

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|----------|
| Designate Type of Completion - (X) | Oil Well | Gas well | New Well | Workover | Deepen | Plug Back | Same Rest'n. | Diff. Re |
| Date Spudded | Date Compl. 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 | | | |
| 6856' - 7276' Abo | | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE 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 of 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 | 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 (prior, 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

March 19, 1984

OIL CONSERVATION DIVISION

MAR 21 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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 well name or number, or transporter, or other such change of conditions.