Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

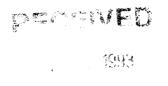
REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator								Well	API No.			
Conoco inc.									30-025-0	06573		
Address 10 Desta Drive	e Ste 100	W, Mid	land,	TX 7	9705							
Reason(s) for Filing (Check proper be						Other	(Please expl	ain)				
New Well			a Transport									
Recompletion	Oil	_	Dry Gas	_		ਸੂਸ਼ਦ	RCTTVR	MOMEMBE	R 1 1999	2		
Change in Operator If change of operator give name							EFFECTIVE NOVEMBER 1 1993					
and address of previous operator												
II. DESCRIPTION OF WE	LL AND LI	EASE										
Lease Name LOCKHART B-14 A		Well No.			_				of Lease Federal or Fe	1	ease No.	
Location			I BLIN	EBRY	<u> </u>	GAS		3.20,	XXXX	LC	<u>032096B</u>	
Н	. 19	980	_ Feet From		NORTH	••••	6	60 .	set From The	EAST	• •	
Unit Letter	:		_ real Pio	nd ine		Line s			et Promine.		Line	
	nahip [*]	21 S	Range	3	7 E	, NM	PM, [ÆA			County	
OL DECICNATION OF TO	ANCROPE	en or o	TT ABID	NIA TETE	m 4 I . C	4.0						
III. DESIGNATION OF TR Name of Authorized Transporter of C	il	or Conde		NATU			address to wi	hich approved	copy of this f	orm is to be s	ent)	
EOTT OIL PIPELINE	30. (E					P.O. BOX 4666, HOUSTON						
Name of Authorized Transporter of C	-	_ X X	or Dry G		Address	(Give	address to wi	hick approved	copy of this fi	orm is to be s		
TEXACO EXPL & PROD			1-						OKLA.	74102		
If well produces oil or liquids, give location of tanks.	Unit 1 H	Sec.	Twp. 215	Rge. 37E	la gas a	YES	connected?	When	17			
f this production is commingled with					ing order			<u>L</u>				
V. COMPLETION DATA								,	·			
Designate Type of Complete	ion - (X)	Oil Wel	ı G	ıs Well	New 1	Vell	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		npl. Ready t	o Prod.		Total D	epth		1	P.B.T.D.		<u> </u>	
•												
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation		Top Oil/Gas Pay				Tubing Depth			
Perforations					<u> </u>					Depth Casing Shoe		
										g 0.000		
		TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
			···			 			+			
v. TEST DATA AND REQU												
OIL WELL (Test must be at			of load oil	and must				omable for thi omp, gas lift, i		or full 24 hou	ers.)	
Delle First New Oil Rate 10 1202	Date of T	CEE.			1 TOAMAGE		(1, p		<i>,</i>			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size		
										Gas- MCF		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Wmer - Bbis.				out McI		
C. C. STEPL I		<u></u>			1							
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate				
	Dongar C	Length of Tox										
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)				Choke Size			
											-	
VI. OPER ATOR CERTIE	ICATE O	F COM	PLIAN	Œ		0	II CON	ISERV	ATION I	DIVISIO)N	
I hereby certify that the rules and r	-					O		IOLI IV.			714	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 0 5 1993							
Q. (16)	/ _	- ~			"	alt /	JPHI OAG	-				
Biet X. X	ecido	ly			P	v (DRIGINAL	SIGNED S	Y JERRY S	EXTON		
BILL R. KEATHLY SE. STAFF ANALYST						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	- 	15-686-	Title 5.45.4		т	itle_						
10-29-93 Date			:0424 ephone No.									
		1.05	- 140	•	Ш							

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.



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