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, Artesia, 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

Comedo Ind.								30-025-0	6575		
Address 10 Desta Drive S	te 100W	. Midl	and,	TX 73	9 7 05			00 020 0	.0010		
Reason(s) for Filing (Check proper box)						net (Please exp	lain)				
New Well		Change in					·				
Recompletion	Oil	XX			ব্য	FECTIVE	иолемен) 1 10G9			
Change in Operator If change of operator give name	Casinghea	d Gas	Conden	sate	1.3	\$ EVAT FAR	MOASUDEI	N 1 1330)		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name LOCKHART B-14 A	Well No. Pool Name, Include						of Lease No.				
Location			BPIV	(EBRY (DIL & GA	<u>S</u>	3.20,	Federal or Fed	l LC	<u>032096B</u>	
Unit Letter	. 66	50	Fact Gor	om The	NORTH	e and 3	30 _	et From The	EAST	Line	
14								ex Flour life .			
Section Townshi	p 21	. S	Range	-3	^{7 Е} , м	MPM,	EA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil						ne address to w	hick approved	copy of this fo	orm is to be se	ent)	
Name of Authorized Transporter of Oil Or Condensate EOTT OIL PIPELINE CO.					P.O. BOX 4666, HOUSTON, TX. 77210-4666						
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OKLA. 74102					ent)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.			When		14102	 	
give location of tanks.	i H	14	21S	37E	YE		i				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ling order num	ber:					
IV. COM DETION DATA		Oil Well	l G	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i			<u>i</u>						
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RC, GR, etc.)	, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						-		Depth Casin	g Shoe		
	т	TIRING	CASIN	G AND	CEMENT	NC PECOS	D	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	-						<u></u>				
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE					 			
OIL WELL (Test must be after re			of load o	l and must					or full 24 hou	P3.)	
Date First New Oil Run To Tank	Date of Tea	£			Producing M	ethod (Flow, pa	emp, gas igt, e	(C.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
								Con Mari	Gas- MCF		
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			GEF MICE			
CAC WITH I	1							1			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
		ac: =			<u> </u>			L			
VI. OPERATOR CERTIFIC				CE	\parallel	DIL CON	ISERV	ATION I	DIVISIO	Ν	
I hereby certify that the rules and regular Division have been complied with and								NOV	0519	193	
is true and complete to the best of my i	nowledge an	d belief.			Date	Approve	d				
, , , , , , , , , , , , , , , , , , ,						1 1					
15:00	J	0.									
Signature Signature	a f		1 4 7 77 77		By_	ORIGIN	AL SIGNE	D BY JURR	Y SEXTINA		
Signature BILL R. KEATHLY	a f		NALYST				VAL SIDERE. DISTRICT	d by Jerr Suffryis	Y SEXTON OR		
Cianation	JR. 31		Title	<u> </u>	By		VAL SIDSUE DISTARLES	D BY JURR SUPFRVIS	Y SEXTON OR		

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.