

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

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator CAMPBELL & HEDRICK	Well API No.
Address P. O. BOX 401, MIDLAND, TEXAS 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOCKHART	Well No. 2	Pool Name, Including Formation DRINKARD	Kind of Lease State, (Federal) or Fee	Lease No. LC032096 (a)
Location Unit Letter M : 990 Feet From The WEST Line and 660 Feet From The SOUTH Line Section 17 Township 21S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2528, HOBBS, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 60628, MIDLAND, TEXAS 79711-0628					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 17	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 1951

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

DHC285 AMENDED

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded Nov. 1951	Date Compl. Ready to Prod. 3/1/91		Total Depth 6690		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3503 DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6620		Tubing Depth 6585			
Perforations OPEN HOLE 6600-6690					Depth Casing Shoe 6600			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8	10 3/4		304		150			
6 3/4	7 5/8		2788		1150 w 3% gel & 100 neat			
	5 1/2		6600		200 w 4% gel & 100 neat			

V. 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 3/1/91	Date of Test 3/25/91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24hra.	Tubing Pressure 45	Casing Pressure 45	Choke Size
Actual Prod. During Test	Oil - Bbls. 6.05	Water - Bbls. TR	Gas- MCF 55.8

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

VI. OPERATOR 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.

Signature  
O. F. HEDRICK, JR. PARTNER  
Printed Name  
04/05/91  
Date  
915-684-4393  
Telephone No.

OIL CONSERVATION DIVISION  
APR 08 1991

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

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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