

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **CAMPBELL & HEDRICK**
Address **P.O. BOX 401, MIDLAND, TEXAS 79802**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|----------------------------|
| Lease Name LOCKHART | Well No. 2 | Pool Name, including Formation TUBB | Kind of Lease State, Federal or Foreign Federal | Lease No. 032096 |
| Location Unit Center M ; 660 Feet From The South Line and 990 Feet From The West Line of 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 Pipe Line | Address (Give address to which approved copy of this form is to be sent) Box 2328, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, OK 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 17 | Twp. 21 | Rge. 37 | Is gas actually connected? Yes | When 1951 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|---|----------|---------------------------------|----------|-----------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | X | | | X | | | | X |
| Date Spudded Nov., 1951 | Date Compl. Ready to Prod. 11/10/78 | | Total Depth 6690' | | P.B.T.D. 5781.40 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3503 DF | Name of Producing Formation TUBB | | Top Oil/Gas Pay 6212' | | Tubing Depth 6462' | | | |
| Perforations 6212-6362' | | | | | Depth Casing Shoe 6600' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 1/2 | 32.75" | | 10 3/4 | | 304 | | | |
| 10 | 24.00" | | 7 5/8 | | 2788 | | | |
| 7 | 15.50 & 14" | | 5 1/2 | | 6600 | | | |
| | 4.75" | | 2 3/8 XUE | | 5608 | | | |

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 Tanks 11/10/78 | Date of Test 5/2/79 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hr. | Tubing Pressure 0-300 psi | Casing Pressure 470-650 | Choke Size 18/64 |
| Actual Prod. During Test | Oil - Bbls. 2.4 | Water - Bbls. Tr | Gas - MCF 10,000 |

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Scott Campbell
(Signature)
PARTNER & PET. ENGR
(Title)
JULY 3, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JUL 27 1979*, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT I**

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

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUL - 6 1973

O.C.D. HOBBS, OFFICE