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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
Effective 1-1-65

I. Operator Conoco Inc.
Address PO Box 460 Hobbs NM 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change In Ownership ☐ Other (Please explain) _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LOCKHART B</u>	Well No. <u>9</u>	Pool Name, Including Formation <u>EUMONT QUEEN GAS</u>	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease No. <u>4C-032099</u>
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>13</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Shell Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland Eunice NM</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>JAL, NM</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>13</u> Twp. <u>21S</u> Rge. <u>36E</u>	Is gas actually connected? <u>No</u> When _____

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>7/14/80</u>	Date Compl. Ready to Prod. <u>8/24/80</u>	Total Depth <u>3850'</u>	P.B.T.D. <u>3810'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3501' GR</u>	Name of Producing Formation <u>QUEEN</u>	Top Oil/Gas Pay <u>3486'</u>	Tubing Depth <u>3751'</u>					
Perforations <u>3486', 91', 3565', 71', 79', 83', 87', 96', 3602', 06', 10', 44', 55', 63', 68', 72', 78', 83', 87', 3701', 3708'</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u>	CASING & TUBING SIZE <u>8 3/8"</u>	DEPTH SET <u>1374'</u>	SACKS CEMENT <u>100 SK.</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3849'</u>						
	<u>2 3/8"</u>	<u>3751'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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	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 <u>671</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>3</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-In) <u>85 psi</u>	Casing Pressure (Shut-In) <u>200 psi</u>	Choke Size <u>OPEN</u>

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.

Jane A. Hiler
(Signature)
Administrative Supervisor

(Title)

SEP 19 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1981, 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.