

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Conoco Inc.
Address
P. O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Lockhart B-13 A Well No. 9 Pool Name, including Formation Tubb Oil & Gas Kind of Lease State, Federal or Fee LC-032096(B)
Location
Unit Letter N : 660 Feet From The South Line and 2100 Feet From The West
Line of Section 13 Township 21S Range 37E NMPM Lea Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Conoco Inc. Surface Transportation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2587, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Getty Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1137, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks. Unit N Sec. 13 Twp. 21S Rge. 37E is gas actually connected? Yes When 1-16-85

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

COMPLETION DATA
Designate Type of Completion - (X)
Oil well ☒ Gas well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☒ Same Resv. ☐ Diff. P. ☒
Date Spudded 4-5-83 Date Compl. Ready to Prod. 1-19-85 Total Depth 7800' P.B.T.D. 6505'
Elevations (DF, RKB, RT, GR, etc.) 3420' GR. Name of Producing Formation Tubb Top Oil/Gas Pay 6170' Tubing Depth 6515'
Perforations 6170' - 6454' Tubb Depth Casing Shoe 7800'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1446'	740 Sx.
8-3/4"	5-1/2"	7800'	2150 Sx.
	2-7/8"	6515'	

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 - able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-19-85	Date of Test 1-27-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 32	Oil - Bbls. 26	Water - Bbls. 6	Gas - MCF 32

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (psia, back pr.) Tubing Pressure (Shot-In) Casing Pressure (Shot-In) Choke Size

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.
David S. Smyth
Administrative Supervisor
March 12 1985
OIL CONSERVATION DIVISION
APPROVED _____, 19____
BY _____
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own