

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SALES	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

I. 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	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Location
<u>Lockhart B-13 A</u>	<u>9</u>	<u>Drinkard</u>	State, Federal or Fee <u>LC-032096 (b)</u>	
Location				
Unit Letter <u>N</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>2100</u>	Feet From The <u>West</u>
Line of Section <u>13</u>	Township <u>21S</u>	Range <u>37E</u>	MMRM	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Company</u>	<u>P. O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Getty Oil Company</u>	<u>P. O. Box 1137, Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>L 13 21S 37E</u>	<u>Yes 2-18-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-453

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Administrative Supervisor

March 9, 1984

OIL CONSERVATION DIVISION

MAR 13 1984

APPROVED

BY ADMINISTRATIVE SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1.04.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the downhole tests taken on the well in accordance with RULE 1.11.

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 well name or number, or transporter, or other such change of data.

Separate Form C-104 must be filed for each pool in non-completed wells.