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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 CONOCO INC.
Address P.O. Box 460, Hobbs, NM 88240
Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ 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 <u>LOCKHART B</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Eumont Yates, GAS</u>	Kind of Lease State, Federal or Fee <u>LC-032099 (B)</u>	Lease No.
Location Unit Letter <u>E</u> <u>2280</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>14</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CONOCO INC. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587, Hobbs, N.M. 88240</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>P.O. Box 1492, El Paso, TX 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>14</u>	Twp. <u>21S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>NO</u>	When <u>Approx. 11-10-88</u> <u>Supplement to follow</u>

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>8-1-88</u>	Date Compl. Ready to Prod. <u>10-18-88</u>		Total Depth <u>3680'</u>		P.B.T.D. <u>3567'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3570.1</u>	Name of Producing Formation <u>Eumont Yates GAS</u>		Top Oil/Gas Pay <u>3448'</u>		Tubing Depth <u>3347'</u>			
Perforations <u>3448', 55, 62, 83, 90, 3511, 54, 68, 92, 97, 3606 w/1 JSF</u>		TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT <u>550 SXS CLASS C</u> <u>925 SXS CLASS C</u>				
HOLE SIZE <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>8 3/8"</u> <u>5 1/2"</u>		DEPTH SET <u>1400'</u> <u>3680'</u>					

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	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>11-6-88</u>	Length of Test <u>24 HRS</u>	Bbls. Condensate/MMCF <u>701 MCFPD</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <u>24/64"</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.

Margie Simpson
(Signature) D.F. Finney
Adm. Supervisor
(Title)
11-8-88
(Date)

OIL CONSERVATION COMMISSION

JAN 30 1989

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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.

SI Comp. Paid 11-10-88 E