

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator CONOCO INC		Well API No. 30-025-32141
Address 10 Desta Drive Ste 100W, Midland, TX 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LOCKHART A-18	Well No. 7	Pool Name, including Formation EUMONT YATES 7 RVRS QUEEN	Kind of Lease State, Federal or Fee XXXX	Lease No. LC 032099A
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1800 Feet From The EAST Line Section 18 Township 21 S Range 36 E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO EXPL. & PROD.	P.O. BOX 3000, TULSA, OK. 74102					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 21S	Rge. 36E	Is gas actually connected? YES	When? 12-23-93

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'v	Diff Res'v
		XX	XX					
Date Spudded 10-3-93	Date Compl. Ready to Prod. 11-8-93	Total Depth 3800		P.B.T.D. 3753				
Elevations (DF, RKB, R', GR, etc.)	Name of Producing Formation EUMONT YATES 7 RVRS QN		Top Oil/Gas Pay 3146		Tubing Depth 3672			
Perforations 3405 - 3677 & 3146 - 3353					Depth Casing Shoe 3800			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 420		SACKS CEMENT 375 SX			
7 7/8	5 1/2		3800		815 SX			
	2 3/8" TBG		3672					

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 Tank 12-22-93	Date of Test 12-27-93	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 830	Length of Test 24 HRS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 80	Casing Pressure (Shut-in)	Choke Size 45/64

VI. OPERATOR 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.

Signature  
BILL R. KEATHLY SR. REGULATORY SPEC.  
Printed Name  
12-29-93  
Date  
915-686-5424  
Telephone No.

OIL CONSERVATION DIVISION

JAN 05 1994

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.