

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**

I.

Operator Hawkins Oil & Gas, Inc.	Well API No. 30 025 05401
Address 400 So. Boston, Suite 800, Tulsa, OK 74103	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 12-01-93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Exploration and Production Inc. P.O. Box 730, Hobbs, NM 88240-2528	

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.L. BATTON A	Well No. 1	Pool Name, Including Formation Lovington Paddock	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. 037190
Location Unit Letter <u>E</u> : <u>1653</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>17S</u> Range <u>37E</u> , NMPM, Lea 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 5	Twp. 17S	Rge. 37E	Is gas actually connected? Yes	When? 10/01/71

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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. 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.

Butch Smith
Signature
Butch Smith Vice President Operations
Printed Name
December 7, 1993 (918) 585-3121
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 12-07-1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.
30-025-05401 ✓

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
H.L. BATTON "A"

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
1

2. Name of Operator
Texaco Exploration and Production Inc.

9. Pool name or Wildcat
LOVINGTON PADDOCK

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

4. Well Location
Unit Letter E : 1653 Feet From The NORTH Line and 330 Feet From The WEST Line
County

Section 5 Township 17-S Range 37-E NMPM LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: REPAIRED CASING LEAKS <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2/18/93 - 3/3/93

- MIRU, TOH W/ PROD EQUIP. TIH W/ 5 1/2" RBP & PKR, SET RBP @ 6004' & TESTED RBP TO 500#, HELD OK. TESTED TBG FR 6004' TO SURF TO 500#, HELD OK. CIRCD HLE, TOH W/ PKR.
- PERFD 4 SQZ HLES @ 3000', ESTD CIRC, SET CMT RET @ 2839'. PMPD 700 SXS "C" NEAT @ 3 BPM @ 1000#, STUNG OUT OF RET, LEFT 1/2 BBL CMT OF TOP OF RET. RAN TEMP SURVEY, COULD NOT FIND TOC.
- TAGGED CMT @ 2835', D/O'D TO 3030', FELL OUT, TESTED CSG TO 500# FOR 15 MIN, HELD OK.
- PERFD 4 SQZ HLES ACROSS SURF SHOE @ 2115', ESTD CIRC, SET CMT RET @ 1986'. PMPD 550 SXS "C" W/ 2% CACL @ 3 BPM @ 850#. STUNG OUT OF RET, SHUT DN 4 HRS. RAN TEMP SURVEY, FOUND TOC @ 225'.
- TAGGED CMT @ 225', D/O'D TO 2124'. TESTED CSG TO 500# FOR 15 MIN, HELD OK. RETRIEVED RBP. RETURNED WELL TO PRODUCTION. (ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 4-8-93

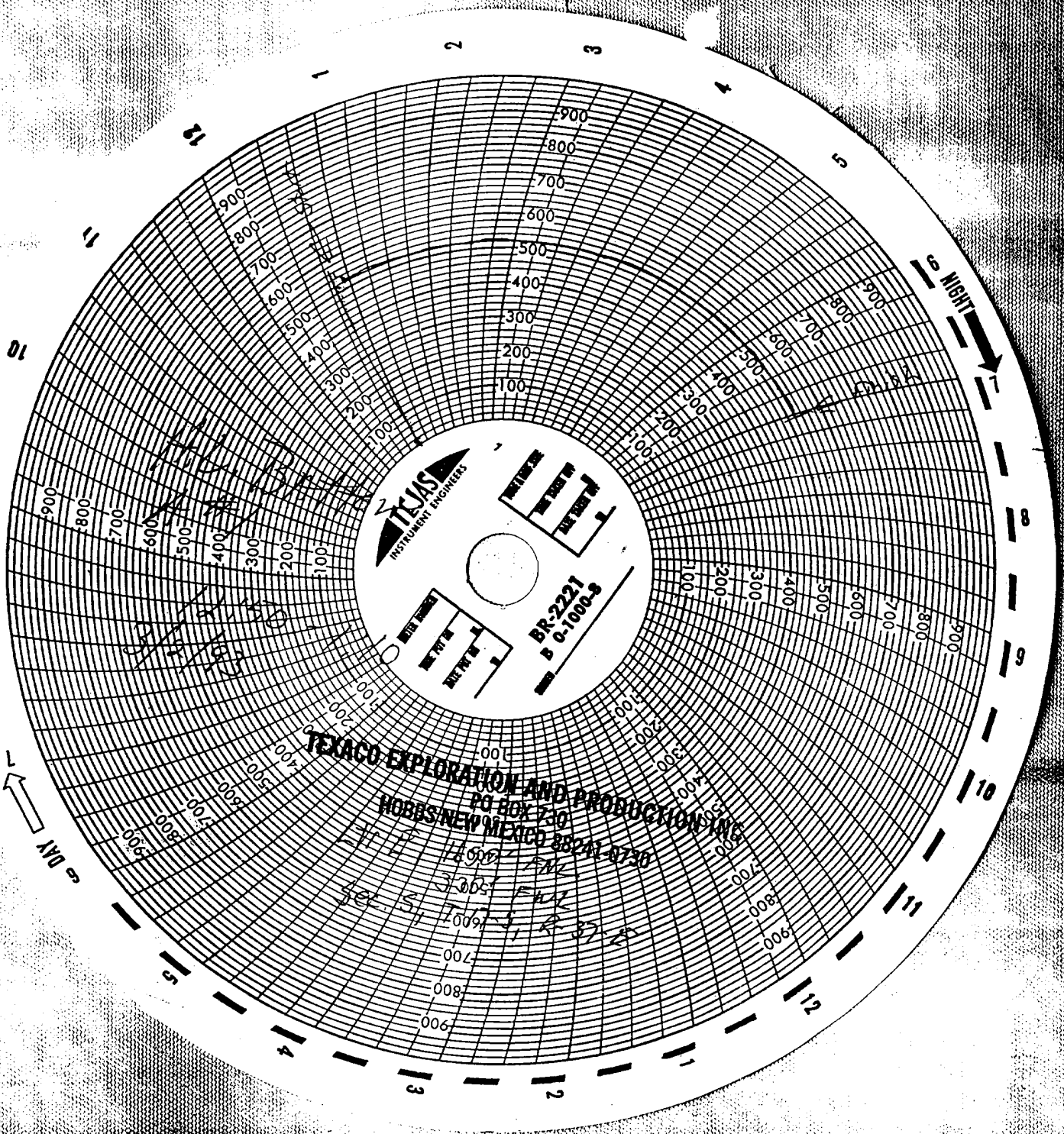
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY JERRY SEXTON TITLE SUPERVISOR DATE APR 12 1993

CONDITIONS OF APPROVAL, IF ANY:

CD PRINTED IN U.S.A. ©



RECEIVED

MAR 18 1993

TEXACO HOBS OFFICE