

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 Conoco Inc.	Well API No. 30-025-06439
Address 10 Desta Drive Ste 100W, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name HAWK B-1	Well No. 7	Pool Name, including Formation DRINKARD	Kind of Lease State, Federal or Fee XXXX	Lease No. NM 2512
Location				
Unit Letter P	: 660	Feet From The SOUTH	Line and 660	Feet From The EAST
Section 9	Township 21 S	Range 37 E	NMPM, LEA, NM County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPELINE CO.	<input checked="" type="checkbox"/>	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 or Dry Gas TEXACO EXPL & PRODUCING INC.	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OKLA. 74102
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 8
	Twp. 21S	Rgn. 37E
	Is gas actually connected? YES	When? 11-1-93

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 XX	Gas Well	New Well	Workover	Deepen XX	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 9-4-88	Date Compl. Ready to Prod. 10-25-93	Total Depth 6750	P.B.T.D. 6750					
Elevations (DF, RKB, RT, GR, etc.) GL 3471	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 6492	Tubing Depth 6398					
Perforations 6492 - 6718	Depth Casing Shoe							

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	232	200 SX
	9 5/8	2779	500 SX
	7	6723	800 SX
	2 3/8 TBG	6398	

**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 11-1-93	Date of Test 11-7-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 120	Oil - Bbls. 33	Water - Bbls. 80	Gas - MCF 187

**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.

*Bill R. Keathly*  
Signature

BILL R. KEATHLY SR. REGULATORY SPEC.  
Printed Name

11-1-93  
Date

915-686-5424  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved NOV 17 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.