

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <b>CONOCO INC.</b>			Lease <b>HAWK B-3</b>			Well No. <b>12</b>		
Location of Well	Unit <b>R</b>	Sec <b>3</b>	Twp <b>21</b>		Rge <b>37</b>		County <b>LEA</b>	
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift		Prod. Medium (Tbg or Csg)		Choke Size
Upper Compl	<b>BLINEBRY</b>		<b>SI</b>	<b>SI</b>		<b>SI</b>		<b>SI</b>
Lower Compl	<b>DRINKARD</b>		<b>OIL</b>	<b>P</b>		<b>TBG</b>		<b>OPEN</b>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 3-10-80

Well opened at (hour, date): 10:00 AM 3-11-80

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		X
Pressure at beginning of test.....	250	130
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	250	40
Minimum pressure during test.....	250	40
Pressure at conclusion of test.....	250	40
Pressure change during test (Maximum minus Minimum).....	0	0
Was pressure change an increase or a decrease?.....	—	—

Well closed at (hour, date): 10:00 AM 3-12-80 Total Time On Production 24 HRS

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: 14 bbls; Grav. \_\_\_\_\_; During Test 14 MCF; GOR \_\_\_\_\_

Remarks NO EVIDENCE OF COMMUNICATION

FLOW TEST NO. 2

Well opened at (hour, date): _____	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		

Well closed at (hour, date) \_\_\_\_\_ Total time on Production \_\_\_\_\_

Oil Production \_\_\_\_\_ Gas Production \_\_\_\_\_

During Test: \_\_\_\_\_ bbls; Grav. \_\_\_\_\_; During Test \_\_\_\_\_ MCF; GOR \_\_\_\_\_

Remarks \_\_\_\_\_

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

Approved WAPR 4 1980  
New Mexico Oil Conservation Commission

Operator CONOCO INC.

By Mike Colborn

By \_\_\_\_\_  
Title \_\_\_\_\_

Title PRODUCTION TECHNICIAN

Date 3-12-80

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TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes Old O-104 and O-1  
 Effective 1-1-55

Operator  
 Cenoco Inc.  
 Address  
 P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of corporate name from Continental Oil Company effective July 1, 1979.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hawk B-3</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Free	Lease No. <b>LC-03174</b>
Location Unit Letter <b>R</b> <b>1980</b> Feet From The <b>S</b> Line and <b>1980</b> Feet From The <b>E</b>	Line of Section <b>3</b> Township <b>21-5</b> Range <b>37-E</b> N.M.P.M. <b>Lea</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1910 Midland Texas</b>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Oil Company</b>	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 Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil well	<input type="checkbox"/> Gas well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.
Date spaced	Date Comp. Ready to Prod.		Total Depth		P.B.P.D.			
Elevations (OF, K&B, RT, CR, 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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

*[Signature]*  
 Division Manager  
 6/12/79  
 (Date)

NMOCOD (5)  
 USGS(2) NMPu(4) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 17 1979, 19  
 BY [Signature]  
 TITLE District Supervisor

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 deviatric 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 O-104 must be filed for each pool in multiphase completed wells.