Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	<u> VSPORT</u>	LOIL	AND NA	TURAL GA		· , <u>-</u>			
Operator Hawkins Oil & Cas Inc						Weii API No.					
Hawkins Oil & Gas, Inc.						30-025-22634					
400 South Boston, Su	ite 800	, Tuls	a, OK	7410	03				_		
Reason(s) for Filing (Check proper box)		C	Γ	c	Out	es (Please expla	ain)				
New Well Recompletion	Oil		Fransporter o Dry Gas	ot:							
Change in Operator	Casinghead		Condensate								
If change of operator give name	idio Ex	nlorat	ion Ir	nc	3131 Tı	intla Cri	ook Plud	C.,++	- 100	Dallas,	
			1011 11	L.L.a		III.IE.LI	SEK DIAO	, <u>SUII</u>		uarras, 75219	
II. DESCRIPTION OF WELL A Lease Name			Pool Name	Includia	ng Formation		Kind o	Lease	···	ase No.	
								Federal or Fee LCO 64427			
Location				<u> </u>	<u> </u>	uybui y			1 100	<u> </u>	
Unit LetterH	. 1650	1	Feet From T	he <u>N</u> (orth La	e and9	90 Fe	et From The	East	Line	
Section 15 Township	225	1	Range 3	37E				ea County			
III. DESIGNATION OF TRANS											
Name of Authorized Transporter of Oil		or Condens		AIUE		e address to w	hich approved	copy of this !	form is to be se	ent)	
Shell Pipeline Corporation						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
lexaco Gas Marketing If well produces oil or liquids,	Texaco Gas Marketing Tukucang Inc. rell produces oil or tiquids. Unit Sec. Two. Rge.					P-0. Box 52332, Houston, TX 77052 Is gas actually connected? When?					
give location of tanks.	IH I				Yes	-		t Available			
If this production is commingled with that f								AVAL.			
IV. COMPLETION DATA		(<u> </u>				, 			-, 		
Designate Type of Completion	- (X)	Oil Well 	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Date Spudded	Date Compl. Rea			ly to Prod.		Total Depth		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casi	ng Shoe		
	T	UBING,	CASING	AND	CEMENTI	NG RECOR	ND	!	·		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
V. TEST DATA AND REQUES					·			<u> </u>			
OIL WELL (Test must be after red) Date First New Oil Run To Tank			of load oil ar	nd musi	, 				for full 24 hou	urs.)	
Suc The New Oil Rul 10 (alls	ew Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	пus		Choke Size			
Actual Prod. During Test								Gas- MCF			
tual Prod. During Test Oil - Bbls.					Water - Bbla	•		GAL- MICP			
GAS WELL	·				1			1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Coade	MMCF		Gravity of Condensate			
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE	 E				1			
I hereby certify that the rules and regul	ations of the	Oil Conserv	ation			OIL COI	NSERV.	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my	that the infor knowledge an	mation give ad belief.	n above					SEP	2019	90	
at all	< n	121	_		Date	Approve	ed	<u> </u>	~ U 13	UŪ	
Tittuy D. ///ilee						Orig. Signed by					
Signature / (// Kathy B. McGuire / Engineering Assistant					RA-	By Paul Kautz Geologist					
Printed Name			Title		Title	•		Georg			
September 15, 1989			585-31	121	''''	' 				· · · - · · · · · · · · · · · · · · · ·	
		1 616	phone No.		<u> </u>						

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.