

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address
P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hawk A	Well No. 9	Pool Name, Including Formation Drinkard	Kind of Lease Lease Federal or Lease LC-031741A	Lease No.
Location				
Unit Letter B	840	Feet From The North	Line and 1980	Feet From The East
Line of Section 8	Township 21S	Range 37E	, NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P.O. Box 730, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B Sec. 8 Twp. 21 Rge. 37	yes 3-9-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Fr.
XX			XX					
Date Spudded 12-15-82	Date Compl. Ready to Prod. 2-23-82	Total Depth 6950'		P.B.T.D. 6909'				
Elevations (DF, HKB, RT, GR, etc.) 3513'	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6625'		Tubing Depth 6807'				
Perforations 6625' - 6664', 6714' - 6795'				Depth Casing Shoe 6950'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1374'	866 sx
7 7/8"	5 1/2"	6950'	1575 sx
	2 7/8"	6807'	

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-7-82	Date of Test 4-1-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 24 BO	Oil-Bbls. 24 BO	Water-Bbls. 46 BW	Gas-MCF 41 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

C. 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.

Jane A. New
(Signature)

Administrative Supervisor

(Title)

July 2, 1982

(Date)

NMDC (5) USGS (2) NMFU (4)

OIL CONSERVATION DIVISION

JUL 6 1982

APPROVED _____, 19

BY ORIGINAL SIGNED BY

BY _____

TITLE _____

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 deviation 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 conditions.

Separate Forms C-104 must be filled for each pool in multiple completed wells.

WELL NAME AND NUMBER: HAWK "A" NO. 9

LOCATION B. 8, T-21S, R-37E, LEA COUNTY, NEW MEXICO
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR X-PERT DRILLING CORP. CONTRACTOR CONOCO, INC.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

<u>DEGREES @ DEPTH</u>		<u>DEGREES & DEPTH</u>		<u>DEGREES & DEPTH</u>	
<u>3/4</u>	<u>250</u>	<u>1</u>	<u>3,600</u>		
<u>1</u>	<u>500</u>	<u>1</u>	<u>4,100</u>		
<u>3/4</u>	<u>750</u>	<u>1 1/4</u>	<u>4,600</u>		
<u>3/4</u>	<u>1,000</u>	<u>3/4</u>	<u>5,100</u>		
<u>3/4</u>	<u>1,370</u>	<u>1/4</u>	<u>5,565</u>		
<u>1</u>	<u>1,638</u>	<u>1/4</u>	<u>6,050</u>		
<u>1</u>	<u>1,875</u>	<u>1/4</u>	<u>6,550</u>		
<u>1</u>	<u>2,125</u>	<u>1/2</u>	<u>6,950</u>		
<u>1</u>	<u>2,364</u>				
<u>1 1/2</u>	<u>2,625</u>				
<u>1 1/4</u>	<u>2,850</u>				
<u>1/2</u>	<u>3,100</u>				

BY: X-PERT DRILLING CORPORATION
James Wright
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13TH DAY OF JANUARY,
19 82.

James Ray
NOTARY PUBLIC
LEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: APRIL 20, 1982

RESERVED

JUL 7 1982

O.C.D.
FEDERAL OFFICE