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

SHIR OF LICE MINICALLY Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUI	EST FO	R AL	LOWAB	LE AND AUTHORIZ	ATION					
I	T	OTRA	NSPC	FIT OIL	AND NATURAL GA	S	K		,		
Operator						Well API No.					
Hawkins Oil & Gas, Inc.		 .				300	<u>25 05394</u>	<u> </u>			
400 So. Boston, Suite 8	<u>300 T</u>	ulsa,	<u>0K</u>	<u>74103 </u>	Other (Please explain	-1					
Reason(s) for Filing (Check proper box)	,	Change in 7	Г т астос	tu: of:	Other (Frezza expund	^,					
New Well	Oil	~	i ranspor Dry Gaa		Effective 1	2_01_93					
Recompletion	Casinghead				Ellective I	2-01-33					
					uction Inc. P.O	. Box 7	30 Hob	bs, NM 8	8240-2528		
II. DESCRIPTION OF WELL	ND LEA	SE				— T	-				
Lease Name	1	Well No. Pool Name, Including			=	(Lease Federal of Fee	Lease Lease No. 512500				
D.E. MEYERS		1	LO	vingto	וו ועטט			0120	700		
Location Unit Letter	: 1980)	Feet Fro	on The S	outh Line and 660	Fo	et From The	West	Line		
Section 33 Township	165	<u>. </u>	Range	37E	, NMPM,	Lea			County		
III. DESIGNATION OF TRANS	SPORTE	R OF OI	L ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
exas New Mexico Pipeline Co.				<u></u>	P.O. Box 2528 Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)						
· ·	Name of Authorized Transporter of Casinghead Gas or Dry Gas					4044 Penbrook Avenue			Odessa, TX 79762		
GPM Gas Corporation If well produces oil or liquids,	Unit	Sec.	Twp.	Rec	Is gas actually connected?	When	?				
give location of tanks.	L	33	16S	37Ë	Yes	i	04/1	.6/74			
If this production is commingled with that I	rom any oth	er lease or	pool, giv	e commingl	ing order number:						
IV. COMPLETION DATA							<u>,</u>				
Deiter Terror Completion	/ V	Oil Well	(Gail Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		i. Ready to			Total Depth	L	P.B.T.D.	L	ــــــــــــــــــــــــــــــــــــــ		
Date Spudded	Date Comp	a. Keasy w	riou				, .b. 1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	rmation		Top Oil/Gas Pay		Tubing Dep	Tubing Depth			
Perforations							Depth Casis	ng Shoe			
	ำ	UBING.	CASI	NG AND	CEMENTING RECOR	D	_ <u></u>				
HOLE SIZE	ASING & TUBING SIZE			DEPTH SET		SACKS CEMENT					
							ļ				
	ļ						ļ				
					 						
V. TEST DATA AND REQUE	ST FOR	ULOW	ARLE		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after t	recovery of to	otal volume	of load	oi! and mus	t be equal to or exceed top allo	owable for th	is depth or be	for full 24 ho	ws.)		
Date First New Oil Run To Tank	Date of Te				Producing Method (Flow, pr						
Length of Test	Tubing Pressure				Casing Pressure	Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Gas- MCF					
GAS WELL					<u></u>			·	······································		
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 Siz	Choke Size			
VL OPERATOR CERTIFIC	ATE O	г СОМ	PLIA	NCE			<u></u>				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					0.0 16 1993						
is true and complete to the best of my	ionowledge :	and belief.			Date Approve						
Bottot		1									
Signature					BYONGINAL SIGNED BY JERRY SEXTON						
Butch Smith Vice President Operations					DISTRICT I SUPERVISOR						
Printed Name Title					Title						
December 7, 1993	(318		3121 lephone	No.							

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.