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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Kio Brazos Ka., Aztec, NM 8/410			BLE AND AUTHOR AND NATURAL					
Operator	1015	Well /	Well API No.					
Hawkins Oil & Gas, Inc	_	30-025-06927						
Address					,		,	
400 S Boston, Suite 80 Reason(s) for Filing (Check proper box)	00 Tulsa, C	K 74103	Other (Please e	rnlain)				
New Well	Change	in Transporter of:	Outer (7 sease 2	-puny				
Recompletion		Dry Gas						
Change in Operator	Casinghead Gas [Condensate	Effective 9-1	-89				
If change of operator give name and address of previous operator Presion	dio Explorat	ion, Inc. 3	3131 Turtle Cre	ek Blvá,	Suite 400	Da11a	as, TX	
•			•	75219-	5415			
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Including Formation			Kind of Lease Lease No.				
Pruitt	l Penrose Skelly		•	SOC	ROUGH AT Fee			
Location								
Unit Letter P	4670	Feet From The	North Line and	660 F	et From The	East	Line	
21	210	n 27E	171.679.4			T 0.0	Country	
Section 31 Township	p 21S	Range 37E	, NMPM,			Lea	County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	□X or Cond	lensate	Address (Give address to	* -			u)	
Shell Pipeline Corpora	P. O. Box 2648 Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing	P. O. Box 3000 Tulsa, OK 7410				u)			
Texaco Prod. Inc. If well produces oil or liquids,	Unit Sec.	Twp. Rge. 21S 37E		7				
give location of tanks.	P 31	Twp. Rge. 21S 37E	yes	<u> i </u>	1	unknow	n	
If this production is commingled with that	from any other lease	or pool, give comming	ling order number:			unknow	<u>n</u>	
IV. COMPLETION DATA	03.70		New Well Workover	. D	Plug Back Sar	- Deele	Diff Res'v	
Designate Type of Completion	- (X) Oil W	ell Gas Well	New Well Workover	Deepen	Plug Back Sai	me Kes v	i kesv	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth				
Perforations			1	Depth Casing SI	lenth Casing Shoe			
							!	
	TUBING	G, CASING AND	CEMENTING RECO	ORD				
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET		SAC	SACKS CEMENT		
					+			
						······································		
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE						
	be equal to or exceed top		 	full 24 hour	s.)			
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test Producing Meth							
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
			<u>-</u>					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
			<u> </u>					
GAS WELL						•		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
round from the pro-	(5)	,	,					
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE			<u>-L.,</u>			
I hereby certify that the rules and regula	OIL CONSERVATION DIVISION							
Division have been complied with and t is true and complete to the best of my k	OCT 1-3 1989							
HAWKINS OIL & GAS, IN	Date Approv	/ed		. 0				
Philip new	•		_		Orales States			
Signature Philip . Wilner - Vi	By	By Orig. Signed by Paul Rautz						
Printed Name	Geologist							
September 18, 1989	(918) !	Title 585-3121	Title					
Date		elephone No.	ll '					

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.