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

State of New Mexico .nergy, Minerals and Natural Resources Depa.

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 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	T	<u>O TRA</u>	<u>NSF</u>	ORT OIL	AND NA	TURAL GA	S	bi Kia				
Hawkins Oil & Gas, Inc.						Well API No. 30-025-1				i .		
Address		30-023-00337										
400 South Boston, S	uite 80	0, Tu	lsa,	OK 74								
Reason(s) for Filing (Check proper box)		~ :	T	and a of:	Outh	s (Please expla	in)					
New Well Recompletion	Oil	Change in	Dry C									
Change in Operator	Casinghead		-									
change of operator give name Droc	idio Ex				3131 Tu	ırtle Cre	ek Blvc	d., Suit	e 400, [Dallas, T		
nu address of previous operator				.,						75219		
I. DESCRIPTION OF WELL			Pool	Name, Includir	a Formation		Kind (of Lease	ءا	ase No.		
Lease Name STATE A				ederal or Fee B-85								
Location				050 0	ite i i j							
Unit Letter F	: 19	80	Feat	From The N	orth Lim	and1980) Fe	et From The.	West	Line		
`	010		_	275		175.4	1			Country		
Section 32 Townshi	<u>21S</u>		Rang	• 37E	, NI	MPM,	<u>Lea</u>			County		
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND NATUI	RAL GAS							
Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wh				nı)		
Shell Pipe Line						P.O. Box 1910, Midland, TX 79702						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Gas Marketing Producting Inc						Address (Give address to which approved copy of this form is to be sent)						
		P.O. Box 52332, Houston, TX 77052 Is gas actually connected? When ?										
If well produces oil or liquids, give location of tanks.		Sec. 1/ 32	Twp. Rge. 215 37E					Vot Available				
If this production is commingled with that						ber:	!	100 /114	riubic			
IV. COMPLETION DATA			•									
D : T : 50 - 1 : 1 : 1	(1/)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1			Total Depth	<u> </u>	L	I DETE	1			
Date Spudded	Date Comp	Date Compl. Ready to Prod.				тосы глерия			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, atc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations								Depth Casi	Depth Casing Shoe			
												
TUBING, CASING AND												
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			-	SACKS CEMENT			
								- 				
					·			- 				
	- 											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	<u>E</u> .								
OIL WELL (Test must be after	recovery of to	cal volume	of loo	id oil and must					for full 24 hou	ars.)		
Date First New Oil Run To Tank	Date of Ter	et.			Producing M	lethod (Flow, po	ump, gas lýt,	esc.)				
Length of Test	Tuking Pressure				Casing Press			Choke Size				
Length of Test	Tubing Pressure				Casing Freezing							
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nasie/MMCF		Gravity of	Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Siz	Choke Size			
					١,							
VI. OPERATOR CERTIFIC	CATE OF	COM	PLL	ANCE		OIL COI	VICEDY.	/ATION	DIVICI	A I		
I hereby certify that the rules and regu					11	OIL COI	19EH A	ATION	ופועום	JIV .		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					11			ncT ►	- 3 198 9)		
	1	an it	Λ		∥ Dat	e Approve	∍d	<u> </u>	0 1000	·		
KAHUV 6 MYNIIIL							<i></i>	. Diamod 1	h W			
Signature Signature						By Orig. Signed by Paul Kauts						
<u>Kathy B. McGuire</u>	/ Engin	eering		<u>sistan</u> t			(eologist				
Printed Name Sontombox 15 1000			Tid	e	Titte	ə						
September 15, 1989			585 lephor	5-3121 xe 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.