

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hawkins Oil & Gas, Inc.		Well API No. 30-025-06958
Address 400 S Boston, Suite 800 Tulsa, OK 74103		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/> Effective 9-1-89
If change of operator give name and address of previous operator Presidio Exploration, Inc. 3131 Turtle Creek Blvd, Suite 400 Dallas, TX 75219-5415		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 2	Pool Name, Including Formation Penrose Skelly Grayburg	Kind of Lease State, Federal, or Other <input checked="" type="checkbox"/>	Lease No. B85
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation (TA 12/75)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Prod. Inc. (TA 12/75)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000 Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 32
	Twsp. 21S	Rge. 37E
	Is gas actually connected? When ?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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 Size

VI. OPERATOR 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.

HAWKINS OIL & GAS, INC.

Signature Philip J. Wilner
Philip J. Wilner - Vice President-Gas Mktg.

Printed Name
September 18, 1989 (918) 585-3121
Date Telephone No.

OIL CONSERVATION DIVISION
OCT 3 1989

Date Approved _____

By _____ Orig. Signed by
Paul Kautz
Geologist

Title _____

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.

10/10/89 10:10 AM

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RECEIVED

SEP 29 1989

OCD
HOBBS OFFICE