

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NO. OF SPOOLS ORDERED	
DISTRIBUTION	
SANTA FE	
PHS	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well	<input 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)

Re-open Drinkard formation and
DHC with the Blinbry Oil & Gas.change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Hawk B-3	16	Drinkard	State, Federal or Fee	NM-2512
Location				
Unit Letter	C	660 Feet From The	North	Line and 1980 Feet From The
Line of Section	3	T. and R.	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)					
Shell Pipeline Company	P. O. Box 1910, Midland, Texas 79702					
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)					
Texaco Producing Company	P. O. Box 1137, Eunice, New Mexico 88231					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	Q	3	21S	37E	Yes	7-20-87
this production is commingled with that from any other lease or pool, give commingling order number: PC-112 & DHC-653						

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res.	Diff. R.
	X							X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-22-56	7-20-87	6922'	6870'					
Revisions (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3497' DF.	Drinkard	6697'	6746'					
Perforations	Depth Casing Shoe							
6697' - 6741'	6922'							

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	260'	250 Sx.
9-7/8"	7-5/8"	3049'	900 Sx.
6-1/2"	5-1/2"	6479'	500 Sx.
	4" Liner	6237' - 6922'	35 Sx.

TEST DATA AND REQUEST FOR ALLOWABLE
L WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed 100%
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-20-87	10-25-87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
9	6	3	55

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Department have been complied with and that the information given
is true and complete to the best of my knowledge and belief.

Administrative Supervisor

11-6-87

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1987

BY Paul Kautz
Geologist

TITLE

This form is to be filled 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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of content.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-126
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Conoco		Lease Hawk B-3		Well No. 16
Unit Letter C	Section 3	Township 21S	Range 37E	County Lea
Actual Footage Location of Well: 660 feet from the North line and 1980 feet from the West line				
Ground Level Elev. 3497'	Producing Formation Drinkard	Feet Drinkard	Dedicated Acreage: 37.75 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Don F. Finney
Position
Administrative Supervisor
Company
Conoco

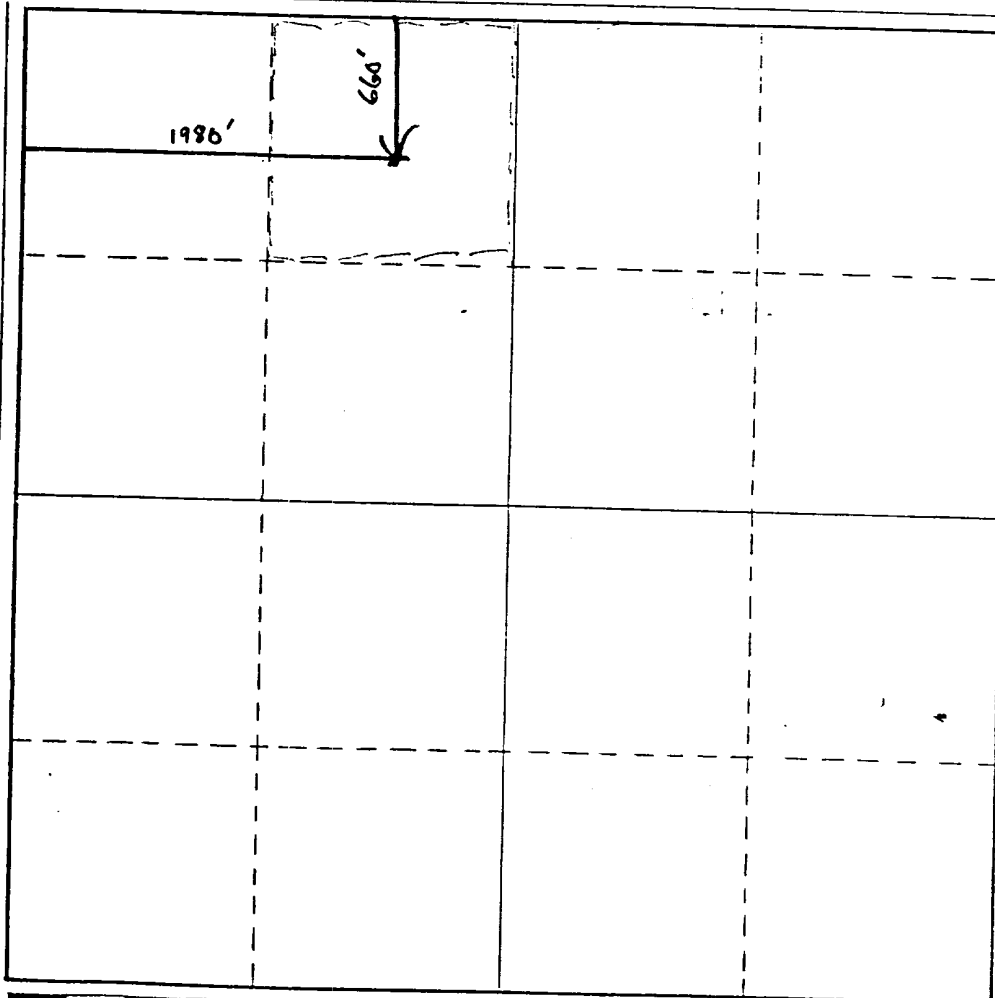
Date
November 6, 1987

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

RECEIVED
NOV 9 1987
OCD
HOBBS OFFICE