

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to add to a reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME Hawker B-3
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Hawker B-3
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface Unit C 660' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT HMFU / Blumley Oil Gas
14. PERMIT NO. 36-625-06507	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 3 T-21S R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Re-open Blumley	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. MIRRU. PCO H. mod. & pump.
2. Scraped to 623', Rep. liner. RPT. at 6039'. PK. at 5963'. Test RBP. to 2000 psi, field okay. Test csg. to 500 psi for BLM.
3. Spent 276 gals 15% HCl-NE-FE acid on 48 hrs. from 5965'-5700' w/ 12 BTFW flush. Rpt. 5732'-5963'. PK. at 5650'.
4. Acid Blumley from 5732'-5963' w/ 4200 gals 15% HCl-FE acid. Flush w/ 40 BTFW. Subd well.

18. I hereby certify that the foregoing is true and correct

SIGNED <i>D. F. Finney</i>	TITLE Administrative Supervisor	DATE 3-6-87
FOR OFFICIAL USE ONLY		
SIGNED <i>Original</i>	TITLE	DATE 3-26-87

*See instructions on Reverse Side

19. The Department makes it a crime for any person knowingly and willfully to make to any department or agency of the Department any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BHM - Carlsbad (6) ARCO (2) Amoco (2) Chevron (1) File

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LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-55

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (check proper box)	
New well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Re-completion ☐	Consingled Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-3	Well No. 16	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Free	Lease No. NM 257.
Location Unit Letter C 660 Feet From The N Line and 1980 Feet From The W				
Line of Section 3 Township 21-5 Range 37-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland Texas
Name of Authorized Transporter of Consingled Gas ☐ or Dry Gas ☐ Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Hobbs, N.M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n. Diff. Res'n.
Date opened	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (D.F., R.A.B., R.T., G.R., 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

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)

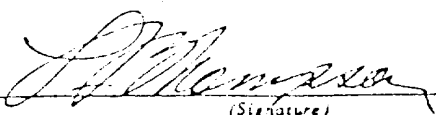
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. CERTIFICATE OF COMPLIANCE

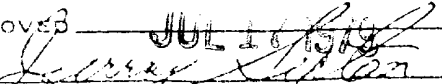
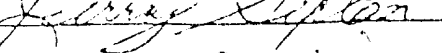
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Division Manager
(Title)
6/12/79
(Date)

NMOC (5)

USGS(2) NMFC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED , 19
BY 
TITLE District Supervisor

This form is to be filed 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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.