Form 3160-5
(November 1983)
(Formerly 9-331)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM-025120

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

## SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED
MAR 10 1987
BUREAU OF LAND MANAGEMENT
Carlsbad, New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME: Hawk B-3

2. NAME OF OPERATOR: CONOCO INC.

8. FARM OR LEASE NAME: Hawk 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

10. FIELD AND POOL, OR WILDCAT: ~~Drinkard~~ Blinebry Oil & Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 3, T-21S, R-37E

660' FNL & 1980' FWL

14. PERMIT NO.: 30-025-06507

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH: 13. STATE

16. 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 Blinebry | | | ☒ |
| (Other) | | | | (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. MIRU. POOH w/ rods & pump.
2. Scraped to 6235', reperforated RBP @ 6039'. Pkr at 5963'. Test RBP to 2000 psi, held okay. Test csg to 500 psi per BLM.
3. Spot 276 gals 15% HCL-NE-FE acid on 4 hrs from 5965'-5700' w/ 12 BTFW flush. Perf 5732'-5963'. Pkr at 5650'.
4. Acid Blinebry zone 5732'-5963' w/ 4200 gals 15% HCL-FE acid. Flush w/ 40 BTFW. Swbd well.

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

SIGNED Thomas D. Flanery TITLE Administrative Supervisor DATE 3-6-87

(This space for Federal or State office use)

APPROVED BY Orig. Sgd. [illegible] TITLE _____ DATE 3-20-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

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| TRANSPORTER GAS | |
| OPERATOR | |
| PRORATION 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 1-1-65

Operator
Conoco Inc.

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

Reason(s) for filing (Check proper box)
New well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Hawk B-3 | 16 | Drinkard | State, Federal or Fee | NM 251 |

Location
Unit Letter C ; 660 Feet From The N Line and 1980 Feet From The W
Line of Section 3 Township 21-S Range 37-E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☐ or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Shell Pipeline Corporation | Box 1910 Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |
| Getty Oil Company | 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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## TEST DATA AND REQUEST FOR ALLOWABLE

*(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)*

### OIL WELL

| 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 (pitot, 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)

## OIL CONSERVATION COMMISSION

APPROVED JUL 16 1979, 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 multiply completed wells.

NMOCD (5) USGS(2) NMPU(4) FILE