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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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-110  
 Effective 1-1-65

I. OPERATOR

Operator: **CONOCO INC.**

Address: **P. O. Box 460, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): *Respectfully request allowable assignment for this recently recompleted well.*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Hawk B-1</b>	<b>11</b>	<b>Blinchy Oil GAS</b>	State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	<b>NM 2512</b>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<b>F</b>	<b>1980</b>	<b>S</b>	<b>660</b>
Line of Section	Township	Range	County	
<b>8</b>	<b>21-5</b>	<b>37-E</b>	<b>Lea</b>	

III. 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)
<b>Texas-New Mexico Pipeline Co.</b>	<b>P.O. Box 1510 Midland Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Getty Oil Co.</b>	<b>Midland Texas 79701</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>F 8 21 37 Yes 1-18-80</b>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
	<b>1-18-80 6775 6090</b>
Elevations (DF, RKB, RT, CD, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
<b>3528</b>	<b>Blinchy 5660 5946</b>
Perforations	Depth Casing Shoe
<b>5667-5882</b>	<b>6774</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>16 1/4</b>	<b>13 3/8</b>	<b>213</b>	<b>250</b>
<b>12 1/4</b>	<b>9 5/8</b>	<b>2684</b>	<b>1750</b>
<b>10 3/4</b>	<b>7 5/8</b>	<b>6774</b>	<b>822</b>
	<b>2 3/8</b>	<b>5946</b>	

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 Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)
<b>1-23-80</b>	<b>1-28-80</b>	<b>Flow pump</b>
Length of Test	Tubing Pressure	Casing Pressure
<b>24 hours</b>	<b>40 P.S.E</b>	<b>40 P.S.F.</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
<b>→</b>	<b>5</b>	<b>10</b>

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

**GOR - 35000**

VI. 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.

**Ben A. Lee**  
 (Signature)  
 Administrative Supervisor

**MAR 26 1980**  
 (Date)

**NMOC(5), USGS(2), NMFUC(4) files**

OIL CONSERVATION COMMISSION

APPROVED **MAR 26 1980**

BY **[Signature]**

TITLE **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.

OIL CONSERVATION DIV.

MAR 30 '80

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