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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-11  
Effective 1-1-65

Operator CONOCO INC.	
Address P. O. Box 460, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Disposal Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-1	Acct. No. of Lease, if existing Production 12 Pennose Skelly Grayburg	Kind of Lease State, Federal or Private N.M. 2512	Lease No.
Location That Letter O 660 Feet from the South Line and 1980 Feet from the East			
Line of Section 8 Township 21-S Range 37-E N.M.P.M. 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)	
Texas New Mexico Pipeline	Midland, Texas	
Name of Authorized Transporter of Disposal Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Getty Oil Company	Box 1231, Midland, Texas	
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rm. L 9 21 37	Is product fully commingled? When yes 06-27-79

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input checked="" type="checkbox"/>
Date Spudded N/A	Date Compl. Ready to Prod. 6-26-79		Total Depth 6722'		F.B.T.D. 6055'			
Elevations (DF, RSH, RT, GR, etc.) 3503 DF	Name of Producing Formation Grayburg		Top Oil/Gas Layer 3773'		Tearing Depth 3870'			
Perforations 3773'-3826'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8"	238'	260
12 1/4"	9 5/8"	2856'	1360
8 3/4"	7"	6659'	625
	2 3/8"	3870'	

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 6-27-79	Date of Test 7-28-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 300	Casing Pressure 200	Choke Size -
Actual Prod. During Test	Oil-Bbls. 83	Water-Bbls. 22	Gas-MCF 115

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

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.

*Chas. R. Anderson*  
(Signature)  
FOR Administrative Supervisor  
(Title)

NOV 20 1979

nmoc D(5), us&S(2), nmif U(4), File

OIL CONSERVATION COMMISSION

APPROVED? NOV 26 1979, 19  
BY *[Signature]*  
TITLE SUPERVISOR DISTRICT

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.