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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> 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-110  
Effective 1-1-65

Operator: **Conoco Inc.**  
Address: **P. O. Box 460, Hobbs, NM 88240**  
Reasons for filing (check proper box):  
 New Well ☐ Change to Transporter of ☐ Oil ☐ Dry Gas ☐  
 Recompletion ☐ Change to Producer ☒ Condensate ☐  
 Change to Ownership ☐ Other (Please explain): **DHC well Blinberry/Drinkard Change gas purchaser**

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Well Name: <b>Hawk B-1 A/C1, Hawk B-1</b>	Kind of Lease: <b>State, Federal or Ore</b>	Lease No.: <b>NM2512</b>
Location: <b>Drinkard, Blinberry</b>		
Drilled Date: <b>F 1980</b>	Feet From Top: <b>North</b>	Feet From Top: <b>West</b>
Feet From Top: <b>9</b>	Feet From Top: <b>215</b>	Feet From Top: <b>37E</b>
County: <b>Lea</b>		

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Designated Transporter of Oil or Gas: <b>Texaco Prod Inc</b>	Address (give address to which approved copy of this form is to be sent): <b>P. O. box 1137, Eunice, NM 88231</b>
Is well or lease oil or liquid, gas? <b>yes</b>	Is well or lease connected? <b>yes</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion: <b>(X)</b>	Well Type: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>
Time Spent: <b>9 21 31</b>	Time Spent: <b>9 21 31</b>
Time Spent: <b>9 21 31</b>	Time Spent: <b>9 21 31</b>
Time Spent: <b>9 21 31</b>	Time Spent: <b>9 21 31</b>

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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.)
Length of Test	Testing Pressure	Casing Pressure
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.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

*[Signature]*  
Administrative Supervisor  
3/4/86

**OIL CONSERVATION COMMISSION**

APPROVED **MAR 12 1986**, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT 1 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.