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U.S.G.S.	
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 OIL C-104 and C-1
Effective 1-1-85

Operator	Conoco Inc.		
Address	P.O. Box 460, Hobbs, New Mexico 88240		
Reason(s) for filing (if check proper box)	Other (if/please explain)		
New Well ☐	Change in Transporter of:	Change of corporate name from	
Recompletion ☐	Oil ☐	Continental Oil Company effective	
Change in Ownership ☐	Condensate Gas ☐	July 1, 1979.	
	Dry Gas ☐		
	Condensate ☐		

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	13 Drinkard	State, Federal or Free	NM-251
Location			
Unit Letter	660	Feet From The	5
		Line and	660
		Feet From The	E
Line of Section	3	Township	21-5
		Range	37-E
		N.M.S.	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 Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company						
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 Reservoir	Dist. Reservoir
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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 OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

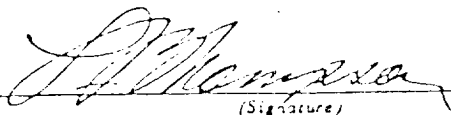
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

C. 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

6/12/79
(Date)

NMOC (5)

USGS(2) NMFA(4) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 17 1979, 19
BY Jerry Lipton
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 deviated 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.