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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
Superseades OMI C-104 and C-105
Effective 1-1-55

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of corporate name from Continental Oil Company effective July 1, 1979.
Re-completion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐	
Change in Transporter of: Oil ☐ Gas ☐	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-3	Well No. 3	Pool Name, including Formation Hare Simpson	Kind of Lease State, Federal or Free	Lease No. NM 25
Location Unit Letter P : 2970 Feet From The S Line and S10 Feet From The E				
Line of Section 3 Township 21-5 Range 37-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 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)
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: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resin	Diff. Resin
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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			

IV. 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)

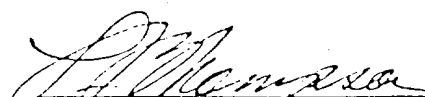
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. CERTIFICATE OF COMPLIANCE

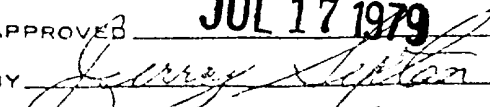
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 (Signature) Division Manager	(Title) 6/12/79 (Date)
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NYOCD (5)

USGS (2) NMPLU (4) FILE

OIL CONSERVATION COMMISSION

APPROVED	JUL 17 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 deepen 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 all wells 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.

DEPARTMENT OF THE INTERIOR

CAL SURVEY

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.)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

Nm 2 512
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Nm fu
8. FARM OR LEASE NAME

Hawk B-3
9. WELL NO.

3
10. FIELD AND POOL, OR WILDCAT

Hawk Simpson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T-21S, R. 37E
12. COUNTY OR PARISH 13. STATE

Lea Nm

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

2970' FSL & 510' FEL

14. PERMIT NO.

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

3482' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporarily Abandoned

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Status of Well: Temporarily Abandoned

Approximate date that temp. aban. commenced: 8-14-70

Reason for temp. aban.: UNECONOMICAL

Future plans for well:

Holding for secondary recovery

This approval of temporary abandonment expires DEC 1 1976

Approximate date of future W. O. or plugging: Indefinite

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

SIGNED A. D. Miller

TITLE Asst. Mgr.

DATE 12-1-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS (5) NM 44) File

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JAN 13 1976
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 2512

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.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2970' FSL & 510' FEL of Sec. 3

14. PERMIT NO.

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

3482' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hawth. R-3

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Hawth. Simpson

11. SEC., T., R., M., OF BLM. LAND SURVEY OR AREA

Sec. 3 T-21S R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Status of Well: *Temporarily Abandoned*Approximate date that temp. aban. commenced: *8-24-70*Reason for temp. aban.: *Uneconomical*

Future plans for Well:

*Hold for secondary recovery*Approximate date of future W. O. or plugging: *Fall 1976*

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

SIGNED

Robert Paul

TITLE

Division Office Manager

DATE

10/30/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

USGS-5, NMFL-4, File

*See Instructions on Reverse Side

NOV 6 1974
JIM SIMS
ACTING DISTRICT ENGINEER