P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUI	EST FC	R AL	LOWAB	LE AND	AUTHORIZ	ZATION				
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
C. 1 TO TRANSPORT OIL A						Well API No.					
Hawkins Oil & Gas, Inc.							30-025-06661				
Address	О п. 1 –	- 07	74	102						}	
400 S Boston, Suite 809 Reason(s) for Filing (Check proper box)	o iuis	a, 0K		103	Oth	et (Please expla	iin)				
New Well		Change in	Transpo	orter of:							
Recompletion Dry Gas											
Change in Operator	Casinghead		Conde	_	Effecti	ive 9-1-8	19				
f change of operator give name und address of previous operator Presidio Exploration, Inc. 3131 Turtle Creek Blvd. Suite 400 Dallas, TX 75219-5415											
II. DESCRIPTION OF WELL A	ND LEA	SE								<sub>_</sub>	
Lease Name					ng Formation			Lease Redered or Fee	1	ase No.	
Alves		1	Pe	enrose	Skelly (	Grayburg	1000	1311111			
Location Unit LetterH	:198	30	Feet F	rom The	North Lin	se and6	60 Fee	et From The _	East	Line	
Section 18 Township	2	21S	Range	37	E , N	MPM,			Lea	County	
III. 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)											
Name of Authorized Transporter of Oil TA Approved 12/75	Approved 12/75										
Name of Authorized Transporter of Casing	Name of Authorized Transporter of Casinghead Gas					ve address to w	hich approved	copy of this for	rm is to be se	ਪ)	
TZ Approved 12/75  If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Is gas actual	lly connected?	When	?			
give location of tanks.	1 H I	18	21	• -	yes	•	İ		Nov 19.	59	
If this production is commingled with that f	rom any oth				ing order nun	nber:					
IV. COMPLETION DATA					•						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i	i		İ	1				1	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					1				Depth Casing Shoe		
		TIDING	CAS	INC AND	CEMENT	ING RECO	RD	<u></u>			
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEF 11. CE.							
	<del> </del>				<del> </del>						
					<del> </del>						
	<u> </u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	T FOR A	LLOW	ABLE	E i oil and mus	t he equal to	or exceed top at	lowable for thi	s depth or be f	or full 24 hou	rs.)	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		0) 1000		Producing l	Method (Flow, )	oump, gas lift, e	etc.)			
Date First New Oil Run 10 1ams	Date of Te	a.						Choke Size			
Length of Test	Tubing Pressure			Casing Pressure							
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>										
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			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Da	OIL CONSERVATION DIVISION OCT = 3 1989  Date Approved						
HAVKINS OIL & GAS, INC.											
Signature Philip J. Wilner - Vice President-Gas Mrktg Printed Name Title					g <b>[</b> ]	By Orig. Signed by Paul Kautz Geologist Title					
September 18, 1989 Date	(	918) Te	585-	3121 No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.

**SECHNED** 

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