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Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	OR AL	LOWABI	E AND A	UTHORIZ	ATION				
	TO TRANSPORT OIL AND NATURAL GAS						S	Well API No.			
Operator Hawkins Oil & Gas, Inc.							30-025-06662				
Address 400 S. Boston, Suite 8		1sa. 0	к 74	103							
Reason(s) for Filing (Check proper box)	- 14	154, 0			Othe	r (Please explai	in)				
New Well		Change in									
Recompletion   Change in Operator   X	Oil Casinghea	□	Dry Gas Conden		Effecti	ve 9-1-8	9				
Change in Operator LXI  f change of operator give name and address of previous operator Presid	_					le Creek		Suite 40	00 Dall	as, TX	
			<u> </u>					75	5219-541	5	
I. DESCRIPTION OF WELL A Lease Name	RIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation						Kind of Lease No.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Alves		2	Eur	nont Ya	tes 7 Ri	vers Que	en Allexi	energy of rec	<u></u>		
Location	10	80		<b>~</b> .	North 1:-	and <u>198</u>	O Fee	t From The	East	Line	
Unit LetterG	. :19	00	_ Feet Fr	om The	NOT CIT LIN	and	<u> </u>	t Pioni Pilo L			
Section 18 Township	, 2	21S	Range	37E	, NI	MPM,			Lea	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATUI	RAL GAS					<del>- ,</del> -	
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Co.					2223 Dodge St., Omaha,			NB 68	102	·-····································	
If well produces oil or liquids, give location of tanks.	Unit G	Sec.   18	Twp.   21S	Rge.   37E	Is gas actuall yes	y connected?	When	7	Aug 19	64	
If this production is commingled with that i	1					ber:					
IV. COMPLETION DATA							1		la Pl-	him hadii	
Designate Type of Completion	- (X)	Oil Wel	i   (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready t	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<del> </del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth					
Protection (Pr. ) surply and and								Depth Casing Shoe			
Perforations								Depui Casii			
TUBING, CASING AND									2,270,054517		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
V. TEST DATA AND REQUES	T FOR	ATLOW	ARLE		<u> </u>			<u>.l</u>			
OIL WELL (Test must be after r	ecovery of	total volum	of load	oil and must	be equal to o	r exceed top all	owable for thi	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, p	ump, gas lift, e	etc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
GAS WELL								·_			
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
resting method (pace, cack pr.)											
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE			USERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and	lations of the	e Oil Cons	ervation iven abov	/e			102.11		OCT m		
is true and complete to the, best of my	knowledge	and belief.			Date	e Approve	ed		<del></del>	J 1000	
HAWKINS OIL & GAS, INC	· .					-1					
Plube of Moule					∥ By_	By Orig Signed by Paul Kautz					
Philip J. Wilner - Vice President-Gas Mrktg.						Paul Kautz Geologist Title					
Printed Name September 18, 1989	1	<u>(918)</u> •	585 <u>-3</u>	121	Title	<b></b>					
Date		Te	lephone	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.

**GEVIE**CHES

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