

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
P.M.S.	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PRODUCTION OFFICE	

Operator

Conoco Inc.

Address

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

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☒

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Hawk A	Well No.	6	Pool Name, including Formation	Drinkard	Kind of Lease	State, Federal or Fee	LC-031741A	Lease
Location	Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea								

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P. O. box 730, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	8	21S	37E	Yes	12-24-84

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-516

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
	X							X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-7-66	12-19-84	6819'	6800'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3536' GR	Drinkard	6574'	6744'					
Perforations	6574' - 6724' Drinkard		Depth Casing Shoe					
				6819'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	1330'	600 SX.					
6-3/4"	5-1/2"	6819'	640 SX.					
	2-3/8"	6744'						

## 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 10% of total volume of load oil for this depth or be for full 24 hours)

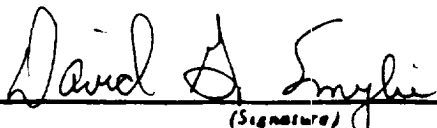
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-24-84	1-3-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
35	20	15	73

## 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

## 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.



Administrative Supervisor

(Title)

1-23-85

## OIL CONSERVATION DIVISION

FEB - 7 1985

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

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 device 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 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 for changes of owner.

RECEIVED

JAN 24 1985

NEW YORK