

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	
U.S.D.	
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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry 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 Blinbry Oil & Gas	Kind of Lease State, Federal or Fee	Lease No. LC-031741A
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>21S</u> Range <u>37E</u> , NMPM, 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)	
Texas New Mexico Pipeline Company	P. O. Box 2528 Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	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 A	Sec. 8
	Twp. 21	Rge. 37
	Is gas actually connected? <u>Yes</u> When <u>11-22-82</u>	

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 Rest'v.	Diff. R.
	X					X		X
Date Spudded 2-7-66	Date Compl. Ready to Prod. 11-23-82		Total Depth 6819'		P.B.T.D. 6500'			
Elevations (DF, RKB, RT, GR, etc.) 3536' GR	Name of Producing Formation Blinbry		Top Oil/Gas Pay 5687'		Tubing Depth 5932'			
Perforations Blinbry 5687' - 5770', 5796' - 5924'					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"	5967'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of loss oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

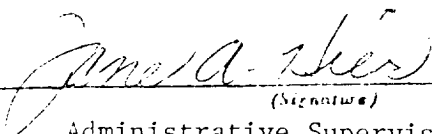
Date First New Oil Run To Tanks 11-23-82	Date of Test 12-1-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 40	Oil-Bbls. 27	Water-Bbls. 13	Gas-MCF 134

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Chat-in)	Casing Pressure (Chat-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

(Date)

December 20, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 22 1982**, 19BY **ORIGINAL SIGNED BY****JERRY SEXTON**TITLE **DISTRICT 1 SUPR.**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 I, II, III, and VI for changes of ownership, well name, or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.

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DEC 21 1982

HUMAN OFFICE