

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Operator Conoco Inc.		
2. ADDRESS	Address P. O. Box 460, Hobbs, New Mexico 88240		
3. REASON(S) FOR FILING (Check proper box)	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) We respectfully request a 700 BO test allowable for the month of October 1982.
4. RECOMPLETION	<input checked="" type="checkbox"/>		
5. CHANGE IN OWNERSHIP	<input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

2. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk A	Well No. 6	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Free LC 031741A	Lease No.
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				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 2528, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent.) 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?		When No		

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. 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 Blinebry 5687'-5770', 5796'-5924'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

5. 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

6. 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.

  
(Signature)

Administrative Supervisor  
(Title)

November 17, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 23 1982, 19  
BY JERRY SEATON  
TITLE DISTRICT 1 SUPER

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiply completed wells.

RECEIVED

NOV 23 1982

C.C.D.  
HONORARY OFFICE