

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.	
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Re-entered abandoned zone; not re-perforated. DHC Blinbry & Drinkard	

If change of ownership give name
and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk A	Well No. 7	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee LC-031741	Lease No. (A)
Location				
Unit Letter C	990	Feet From The N	Line and 1980	Feet From The W
Line of Section 8	Township 21-S	Range 37-E	, 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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, NM					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 21	Rge. 37	Is gas actually connected? yes	When 1-28-81

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-329

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded NA	Date Compl. Ready to Prod. 1-25-81	Total Depth 6880'	P.B.T.D. 6870'					
Elevations (DE, RKB, RT, GR etc.) 3535'	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6612'	Tubing Depth 6825'					
Perforations 6612'-6828'	Depth Casing Shoe 6880'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1335'	672					
7-7/8"	5-1/2"	6858'	1760					
	2-3/8"	6825'						

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)

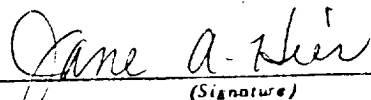
Date First New Oil Run To Tanks 1-28-81	Date of Test 1-31-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24.0	Tubing Pressure 45	Casing Pressure NA	Choke Size Open
Actual Prod. During Test 34	Oil-Bbls. 13	Water-Bbls. 21	Gas-MCF 8

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.



Administrative Supervisor

February 18, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

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 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.