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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
CONOCO INC.
Address
P. O. Box 460, Hobbs, N.M. 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

II. DESCRIPTION OF WELL AND LEASE
Lease Name Hawk A Well No. 7 Pool Name, Including Formation Blinbry Oil & Gas Kind of Lease State, Federal or Fee LC-031741(A) Lease No.
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, NMFM, Lea County

III. 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 Eunice
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Gretty Oil Co. Eunice
If well produces oil or liquids, give location of tanks. Unit A Sec. 8 Twp. 31 Rge. 37 Is gas actually connected? yes When 7-10-80

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

IV. 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 NA Date Compl. Ready to Prod. 8-1-80 Total Depth 6880' P.B.T.D. 6200'
Elevations (DF, RKB, RT, GR, etc.) NA Name of Producing Formation Blinbry Top Oil/Gas Pay 5695' Tubing Depth
Perforations 5695' - 6039' Depth Casing Shoe 6880'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE NO change CASING & TUBING SIZE NO change 2 3/8" DEPTH SET 6040 SACKS CEMENT

V. 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 7-10-80 Date of Test 8-30-80 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24.0 Tubing Pressure 45 Casing Pressure 15 Choke Size open
Actual Prod. During Test 23 Oil-Bbls. 19 Water-Bbls. 4 Gas-MCF 81

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

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Hushtal K. Deep (Signature)
Administrative Supervisor (Title)
10-7-80 (Date)
NMOC-5 NMFM-4
446,952 2,111
OIL CONSERVATION COMMISSION
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 condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.