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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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HAWK A</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>DRINKARD</b>	Kind of Lease State <u>Federal</u> or Fee <b>LL-031741(A)</b>	Lease No.
Location Unit Letter <b>C</b> : <b>990</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>W</b>				
Line of Section <b>B</b> Township <b>21 S</b> Range <b>37 E</b> , NMPM, <b>LEA</b> County				

III. 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)					
<b>TEXAS - NEW MEXICO PIPELINE CO.</b>	<b>EDNICE, N.M.</b>					
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)					
<b>N/A</b>	<b>N/A</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>B</b>	Twp. <b>21</b>	Rge. <b>37</b>	Is gas actually connected? <b>NO</b>	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>8-27-79</b>	Date Compl. Ready to Prod. <b>10-9-79</b>		Total Depth <b>6880</b>		P.B.T.D. <b>6870</b>			
Elevations (D.F., RKB, RT, GR, etc.) <b>3535'</b>	Name of Producing Formation <b>DRINKARD</b>		Top Oil/Gas Pay <b>6612</b>		Tubing Depth <b>6840</b>			
Perforations <b>6612'-6698' + 6769'-6828'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4</b>	<b>8 5/8"</b>		<b>1335'</b>		<b>672</b>			
<b>7 7/8</b>	<b>5 1/2"</b>		<b>6858'</b>		<b>1760</b>			
	<b>2 3/8"</b>		<b>6840'</b>					

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 <b>10-18-79</b>	Date of Test <b>10-30-79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 HOURS</b>	Tubing Pressure <b>25 PSI</b>	Casing Pressure <b>25 PSI</b>	Choke Size <b>N/A</b>
Actual Prod. During Test <b>19</b>	Oil-Bbls. <b>19</b>	Water-Bbls. <b>29</b>	Gas-MCF <b>50</b>

**GOR: 2632**

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.

**J. R. Anderson**  
(Signature)  
Administrative Supervisor  
(Title)  
**NOV 21 1979** **NOV 21 1979**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 28 1979**, 19  
BY **[Signature]**  
TITLE **SUPERVISOR DISTRICT 1**

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.

NMOC(5), USGS(2), NMFH(4), FILE

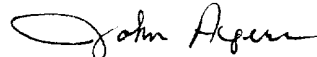
## INCLINATION REPORT

OPERATOR Conoco Incorporated ADDRESS PO Box 460, Hobbs, New Mexico 88240  
 LEASE NAME Hawk A WELL NO. 7 FIELD \_\_\_\_\_  
 LOCATION Section 8, T-21S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/4	1.1000	1.1000
505	1/2	2.2185	3.3185
747	1/2	2.1054	5.4239
903	1/2	1.3572	6.7811
1335	1 1/4	9.4176	16.1987
1861	1	9.2050	25.4037
2257	1 1/2	10.3752	35.7789
2732	2 1/2	20.7100	56.4889
2916	2	6.4216	62.9105
3411	1 1/2	12.9690	75.8795
3908	1 1/4	10.8346	86.7141
4406	1	8.7150	95.4291
4904	1	8.7150	104.1441
5404	1 1/4	10.9000	115.0441
5856	3/4	5.9212	120.9653
6393	3/4	7.0347	128.0000
6842	1 1/2	11.7638	139.7638

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY



TITLE John Ayers, Office Manager

## AFFIDAVIT:


Before me, the undersigned authority, appeared John Ayers  
 known to me to be the person whose name is subscribed herebelow, who, on making  
 deposition, under oath states that he is acting for and in behalf of the operator  
 of the well identified above, and that to the best of his knowledge and belief such  
 well was not intentionally deviated from the true vertical whatsoever.

  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 14th day of September, 1979

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

  
 Notary Public in and for the County  
 of Lea, State of New Mexico