

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

NO OF COPIES RECEIVED		
DISTRIBUTION		
TAMIAVE		
FILE		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
EXPROPRIATION OFFICE		

1

Operator

CONOCO INC.

**Address**

P. O. Box 440 Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

### Recompletion



C11

11

Dry Gas

1

Change In Ownership

### Castinghead Gas

Condensate

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

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hawk B-1		16	Drinkard	State, Federal or Fee	NA 2512
Location					
Unit Letter <u>N</u> : <u>1260</u> Feet From The <u>S</u> Line and <u>1480</u> Feet From The <u>W</u>					
Line of Section <u>8</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>1 ea</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
Texas-New Mexico					Eunice	
Name of Authorized Transporter of Crude or Dry Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Getty					Eunice	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	9	21	37	yes	8-27-80

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

### 7. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Fr.
Designate Type of Completion - (X)		X		X					
Date Spudded 5-15-80	Date Compl. Ready to Prod. 7-23-80	Total Depth 6825'				P.B.T.D. 6812'			
Elevations (DF, RKB, RT, GR, etc.) GL 3499	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6533'				Tubing Depth 6766'			
Perforations 6533' - 6790'						Depth Casing Shoe 6825'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
12 1/4"	9 5/8"	1350'				485			
8 3/4"	7"	6825'				1750			
	2 3/8"	6766'							

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 :  
able for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-27-80		8-28-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	115	115	open	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
106	43	63	163	

## GAS WELL

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

## . 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.

Jane A. Heir  
(Signature)

11-13-80

Admin Supervisor  
(Date)

(Date) \_\_\_\_\_  
 NMOC-5, NMFA-4 USGS-7  
 EIC-1

## OIL CONSERVATION DIVISION

APPROVED

BY J. L. Steen  
TITLE OIL & GAS INSPECTOR

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 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 owner, well name or number, or transporter, or other such change of condition.

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

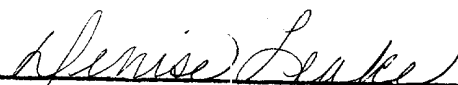
# INCLINATION REPORT

**OPERATOR** Conoco Inc. **ADDRESS** Box 460, Hobbs, N.M. 88240  
**LEASE NAME** Hawk B-1 **WELL NO** #16 **FIELD** \_\_\_\_\_  
**LOCATION** 660'FSL, 1980'FWL, Sec. 8, T-21S, R-37E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
250	1/4	1.1000	1.1000
500	1/2	2.1750	3.2750
750	3/4	3.2750	6.5500
1000	1	4.3750	10.9250
1250	1/2	2.1750	13.1000
1298	1/2	.4176	13.5176
1350	3/4	.6812	14.1988
1550	3/4	2.6200	16.8188
1844	3/4	3.8514	20.6702
2301	1	7.9975	28.6677
2725	1 1/2	11.1088	39.7765
3100	2	13.0875	52.8640
3500	1 3/4	12.2000	65.0640
3900	1 1/2	10.4800	75.5440
4267	1 1/2	10.1394	85.6834
4733	1	7.8050	93.4884
5230	1	8.6975	102.1859
5705	3/4	6.2225	108.4084
6093	3/4	5.0828	113.4912
6348	1	4.4625	117.9537
6835	1	8.3475	126.3012

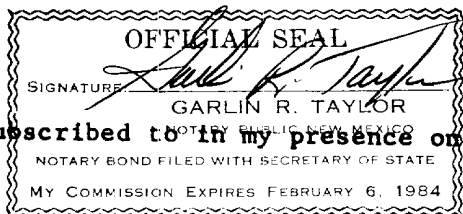
I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

**CACTUS DRILLING COMPANY**

  
**TITLE** Office Manager

**AFFIDAVIT:**

Before me, the undersigned authority, appeared Denise Leake 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 29 day of October, 1980

**SEAL**

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