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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-111
Effective 1-1-65

I.

Operator CONOCO INC.		
Address P. O. Box 460, Hobbs, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk B-3	Well No. 24	Pool Name, Including Formation Drinkard	Kind of Lease State, <input checked="" type="radio"/> Federal or Fee	Lease No. NM 2512
Location Unit Letter <u>G</u> ; <u>2232</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line of Section <u>3</u> Township <u>21S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Eunice, 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) Eunice, NM			
If well produces oil or liquids, give location of tanks.	Unit Q	Sec. 3	Twp. 21	Rge. 37
Is gas actually connected?		When		
yes		6-20-80		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-18-80	Date Compl. Ready to Prod. 5-24-80		Total Depth 6875		P.B.T.D. 6840			
Elevations (DF, RKB, RT, GR, etc.) GL 3485	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6528'		Tubing Depth 6776			
Perforations 6541' - 6782'					Depth Casing Shoe 6875			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 7/8"		1400'		674			
7 7/8"	5 1/2"		6875'		1382			
	2 3/8"		6776					

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 06-01-80	Date of Test 6-19-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 45 psi	Casing Pressure 25 psi	Choke Size Open
Actual Prod. During Test 132	Oil-Bbls. 71	Water-Bbls. 61	Gas-MCF 245

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.

Jane A. Hier
(Signature)

Administrative Supervisor

(Title)

7-14-80

NMFCU -5 USGS -4 (Date) NMFCU -4 File-1

OIL CONSERVATION COMMISSION

APPROVED

JUN 16 1980

BY

TITLE SUPERVISOR DISTRICT

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

WELL NAME AND NUMBER: HAWK B-3 #24

LOCATION 2310' NFL & 2310' FEL, SECTION 3, T21S, R37E, LEA COUNTY, N.M.
(UNIT, SECTION, TOWNSHIP AND RANGE)

OPERATOR CONOCO INC.

CONTRACTOR X-PERT DRILLING CORPORATION

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TESTS AND OBTAINED THE FOLLOWING RESULTS:

DEGREES @ DEPTH	
1/4	250
1/4	500
1/4	750
1/4	1000
1/4	1250
1/2	1384
1/2	1650
1/2	1899
1 1/2	2149
1 1/4	2400
1 1/2	2900
1/2	3400
1/2	3900

DEGREES & DEPTH	
1/2	4400
1	4790
1	5300
1	5801
1 1/4	6300
1 1/4	6618
1/4	6875

DEGREES & DEPTH	

BY:

X-PERT DRILLING CORPORATION

Larry Teague
(REPRESENTATIVE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 6TH DAY OF MAY,
19 80.

Jaime Anderson
NOTARY PUBLIC

LEA COUNTY, NEW MEXICO

MY COMMISSION EXPIRES: 2/25/84

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OPERATOR	
PROPORTION 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-1
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:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	We respectfully request a
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	testing allowable at 1600 bbl.
		Dry Gas	<input type="checkbox"/>	at oil for June '80.
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hawik B-3	Well No. 24	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee NM	Lease No. 2512
Location				
Unit Letter G	Feet From The 2232		Line and N	Feet From The 2310
Line of Section 3	Township 21S	Range 37E	County Lea	

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)			
Conoco Inc. Surface Transportation	Hobbs, NM			
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)			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 3	Twp. 21	Rge. 37
	Is gas actually connected? No			

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		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	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 (pitot, 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.

Marshall K. Wolf
(Signature)

Administrative Supervisor

JUN 02 1980

(Date)

NMOC-2

USGS-2

NMFC-4

OIL CONSERVATION COMMISSION

APPROVED **JUN 6 1980**, 19

BY **Orig. Signed By**

Jerry Sexton

TITLE **Dist 1, Supv.**

This form is to be filed in compliance with RULE 1104.

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