STATE OF NEW MEXICO INERGY AND MINERALS DEPARTMENT DISTRIBUTION JANIA 74 VICT UT 0.1. CAND OFFICE OIL TRANSPORTER OIL

January 24, 19

1983

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REC	QUEST FOR	ALLOWAR	BLE	
	MA	D		
AUTHORIZATION T	OTRANSP	ORT OIL	AND NATURAL	GAS

PACHATION OFFICE	AUTHORIZATION TO TRANSF	ON FOIL AND MATO	NAL OAS			
Charatet						
Conoco Inc.						
	Hobbs, New Mexico 88240					
Resson(s) for liting (Check proper b		Other (Pleas	e explain)			
New Well	Change in Transporter of:					
Recompletion		OII Dry Gos				
Change in Ownership	Casinghead Gas Conden	nadie	· · · · · · · · · · · · · · · · · · ·			
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND	O LEASE					
Leuse Name	Well No. Pool Name, Including Fo			=		
Hawk "A"	8 Drinkard	· · · · · · · · · · · · · · · · · · ·	State, Federal	- ^{or F••} LC-031741	(a)	
Location				_		
Unit Letter A , ; 9	90 Feet From The North Lin	• and 660	Feet From T	he <u>East</u>		
' ine of Section 8 T	Range 3	7E . , NMPN	ı, Lea		County	
Uine of Section 8 T	- All 11 1 1 1 1 1 1 1 1					
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	ıS				
Name of Authorized Transporter of C		Address (Give address				
Texas New Mexico Pip	eline	P. O. Box 2528, Hobbs, New Mexico 88240				
Name of Authorized Transporter of Castinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)				
Getty Oil Company Unit Sec. Twp. Rge.		P. O. Box 730, Hobbs, New Mexico 88240				
If well presinces oil or liquids, nive location of tanks.	A 8 21 37	Yes	į	10-13-82		
	with that from any other lease or pool,		r number: Dr			
If this production is commingied to COMPLETION DATA	with that from any other lease of pool,	give comminging orde				
Designate Type of Complet	tion = (X)	New Well Workover	Deepen	Plug Back Same R	es'v, DHI. Res'v	
		Total Depth		P.B.T.D.		
Date Speaded	Date Compl. Ready to Prod.			6775	•	
10-13-80 Enversors (DF, RKB, RT, GR, etc.,	10-12-82 Name of Producing Formation	6980 Top Oil/Gas Pay		Tubing Depth		
3508' Gr.	Drinkard	6573'		6757	•	
Perforations		1 00,0		Depth Casing Shoe		
6573' - 6770'				6980'		
	TUBING, CASING, AND	CEMENTING RECOR	₹D	<u></u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
12-1/4"	8-5/8"	1294'		475 Sx 2890 Sx		
7-7/8"	5-1/2" 2-3/8"	6980' 6757'		2090 5%.		
	1 2-3/6	0/3/				
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be on	fier recovery of total voli	ume of load oil o	and must be equal to o	rexceed top allo	
OIL WELL	able for this de	pth or be for full 24 hour	s)			
Date Farst New Oil Bun To Tonks	Dote of Test	Producing Method (Flow, pump, gas lif		ir, erc.y		
10-13-82	10-30-82 Tubing Pressure	Pumping Cawing Pressure		Choke Size		
Lengto of Test 24	1 daing Figure					
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.		Gas-MCF		
88	18	70		102		
GAS WELL		T		Gravity of Condensa		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC)F	Clayity of Condense		
Teening Nathod (pirot, back pr.)	Tubing Pressure (Ehut-in)	Cosing Pressure (Shut	:-in)	Choke Size		
terring burness (prior) once proy	(2.11.2.2.4)	,				
CENTIFICATE OF COMPLIA	NCE	OII O	ONSERVAT	TON DIVISION		
CENTIFICATE OF COMPENS			AN 26 19	383		
Thereby certify that the rules an	d regulations of the Oll Conservation	APPROVED_U	714 20 10	700	., 10	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY EDDIE W. SEAY				
above is true and complete to t	The Dear of my knowledge and better		DIE W. SE	AY		
	TITLE					
2.	/ ^ .	This form is t	o be filed in c	compliance with RU	LE 1104.	
Maria 10	If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation					
		tests taken on the	well in accor	STRUCK WILL MOTE I	11.	
Administrative		All sections o	f this form mu	st he filled out com	plataly for allow	
(Title)		able on new and re	amounding age		_	

Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for usch pool in multip

PANT.

JAN 25 1983

Developed.

O.C.D. HOBBS OFFICE