

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Conoco Inc.	
Address P. O. Box 460, Hobbs, New Mexico	
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk A	Well No. 8	Pool Name, including Formation Drinkard	Kind of Lease State, <u>Federal</u> or Fee LC-031741(a)	Lease No.
Location				
Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u>				
Line of Section <u>8</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

II. 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 Pipeline	P. O. Box 2528, Hobbs, New Mexico	
Name of Authorized Transporter of Casinghead 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 Oil Company	P. O. Box 730, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>8</u>
	Twp. <u>21</u>	Rge. <u>37</u>
	Is gas actually connected? <u>yes</u> When <u>12-16-80</u>	

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

III. 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. R. <input type="checkbox"/>
Date Spudded <u>10-02-80</u>	Date Compl. Ready to Prod. <u>12-1-80</u>		Total Depth <u>6980'</u>		P.B.T.D. <u>6785'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3508'</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6558'</u>		Tubing Depth <u>6732'</u>			
Perforations <u>6573' - 6633'</u>					Depth Casing Shoe <u>6980'</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>1294'</u>	<u>475</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>6980'</u>	<u>2890</u>
	<u>2-3/8"</u>	<u>6732'</u>	

IV. 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 <u>12-3-80</u>	Date of Test <u>1-30-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24.0</u>	Tubing Pressure <u>45</u>	Casing Pressure <u>NA</u>	Choke Size <u>Open</u>
Actual Prod. During Test <u>105</u>	Oil-Bble. <u>23</u>	Water-Bble. <u>82</u>	Gas-MCF <u>5</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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.

Administrative Supervisor

February 19, 1981

NMOCD - 5 NMFU - (1/4) FILE - 1 USGS - 2

OIL CONSERVATION DIVISION

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

MKJ

WELL NAME AND NUMBER: HAWK A NO. 8
LOCATION: 990'FNL & 660'FEL, SEC. 8, T21S, R37E, LEA COUNTY, N.M.
(GIVE UNIT, SECTION, TOWNSHIP & RANGE)
OPERATOR: CONOCO INC.
DRILLING 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		DEGREES @ DEPTH		DEGREES @ DEPTH	
1/4	250	1 1/4	2750	1 1/2	6980
1/4	500	1 1/4	3000		
1/4	750	3/4	3500		
1/4	1000	1/4	4000		
1/4	1250	1/2	4500		
1/4	1500	1/2	5000		
1/4	1750	3/4	5375		
1/2	2000	3/4	5875		
1	2250	3/4	6372		
2	2500	1	6876		

BY: X-Pert Drilling Corporation

M. D. Castellan
(Representative)

Subscribed and sworn to before me this 23rd day of October,
19 80.

Jeannie Anderson
Notary Public

LEA County, NEW MEXICO

My Commission Expires: 2/25/84