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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
, Minerals and Natural Resources Depart

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Hawkins Oil & Gas, Inc.		Well API No. 30-025-27280
Address 400 South Boston, Suite 800 Tulsa, OK 74103		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union Federal	Well No. 1	Pool Name, including Formation Hat Mesa Morrow	Kind of Lease State (Federal) or Fee	Lease No. NM 14329
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>9</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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 838 Hobbs, New Mexico 88241-0838	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box Drawer 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9
	Twp. 21S	Rge. 32E
	Is gas actually connected? yes	When? April 29, 1982

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
		X		X		X		
Date Spudded orig (7/2/81) recomp. (4/9/92)	Date Compl. Ready to Prod. 4/15/92		Total Depth 14385'			P.B.T.D. 13,711'		
Elevations (DF, RKB, RT, GR, etc.) 3739' GR	Name of Producing Formation Upper Morrow		Top Oil/Gas Pay 13,617'			Tubing Depth 13,570'		
Perforations 13,617-13,627'						Depth Casing Shoe 14,385'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	5 1/2" csq.	14,385'	580 sx.
	2 3/8" tbq.	13,570'	

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 Tank	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 1339	Length of Test 24 hours	Bbls. Condensate/MMCF 1/2	Gravity of Condensate 62°
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 5715	Casing Pressure (Shut-in) N/A	Choke Size 8/64"

VI. OPERATOR 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.

Hawkins Oil & Gas, Inc.

Butch Smith
Signature
Butch Smith Vice President Operations

Printed Name
May 5, 1992
Date
(918) 585-3121
Telephone No.

OIL CONSERVATION DIVISION

MAY 11 92

Date Approved

By ORIGINAL SIGNED BY J. D. SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.