

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.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Conoco Inc.

Address

P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hawk A	Well No. 9	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee LC-031741A	Lease No.
Location Unit Letter <u>B</u> ; <u>840</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8
	Twp. 21	Rge. 37
	Is gas actually connected? <u>Yes</u> When <u>8-20-82</u>	

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

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. Res'v. <input type="checkbox"/>
Date Spudded 12-15-82	Date Compl. Ready to Prod. 8-18-82		Total Depth 6950'		P.B.T.D. 6909'			
Deviation (DF, RKB, RT, CR, etc.) 3513'	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5738'		Tubing Depth 6000'			
Perforations Blinebry 5738' - 5778', 5852' - 5946'					Depth Casing Shoe 6950'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1374'	866 sx
7-7/8"	5-1/2"	6950'	1575 sx
	2-3/8"	6000'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

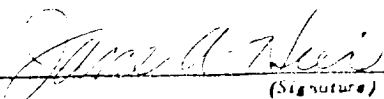
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-20-82	Date of Test 9-14-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 150 psi	Casing Pressure 250 psi	Choke Size -----
Actual Prod. During Test 101	Oil-Bbls. 40	Water-Bbls. 20	Gas-MCF 916

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/A/MCF	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.Administrative Supervisor
(Title)September 14, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 16 1982, 19BY JERRY SEXTONTITLE DISTRICT 1 SUPR.

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 allow-
able 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
completed wells.

RECEIVED

SEP 15 1982

C.C.D.
HOBBS OFFICE