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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III es NM 87410

000 Rio Brazos Rd., Aztec, NM 8/410	REQUEST FO	DR AL	LOWAB	LE AND A	UTHORIZ	ATION S				
TO TRANSPORT OIL AND NATURAL GA							Well API No.			
Hawkins Oil & Gas, Inc.						30-025-10089				
Address 400 S. Boston, Suite	800 Tulsa, 0	K 74	103							
Reason(s) for Filing (Check proper box)		<b></b>		Othe	t (Please explai	n)				
lew Well	Change in	Dry Gas	I1							
Recompletion	Oil Casinghead Gas	Condens		Effecti	ve 9-1-89	9				
change of operator give name nd address of previous operator Presi	11 77 1	т	2	121 Tarant	la Craale	D1224 0	Suita 400	Da11.	ле ТУ	
		on, 1	nc. 3	isi turt	re Creek	<u> </u>	mile 400	75219-	5415	
L. DESCRIPTION OF WELL LEASE Name	Well No.   Pool Name, Including Formation					Kind of Lease Lease No.			ase No.	
Mattern	7	Eum	ont Ya	tes 7 Ri	vers Que	en XXX	ederator Fee			
Location	220			Cauth	16	50		West		
Unit Letter N	_:	_ Feet Fro	om The	South Line	and16	Fee	t From The	west	Line	
Section 7 Townsh	ip 22S	Range	37E	, NI	ирм,	Lea			County	
II. DESIGNATION OF TRAI	ህርወረጋውፕሮው ሊፎ (	NT. ANI	D NATII	RAL GAS						
Name of Authorized Transporter of Oil	or Conde			Address (Giv	address to wh	ich approved	copy of this for	n is to be se	nt)	
		<u>.                                  </u>				<del> </del>		- in to E	-r)	
lame of Authorized Transporter of Casinghead Gas or Dry Gas X			Gas X				copy of this form is to be sent)			
El Paso Natural Gas  If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actually connected?			When?			
ive location of tanks.	N 7	22S	37E	yes		i	Nov 195	8		
this production is commingled with that	from any other lease or	r pool, giv	e commingl	ing order num	er:					
V. COMPLETION DATA				1 N 11/-11	Wadena	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	Oil We: n - (X)	1 1	Gas Well	New Well	Workover	l pæben	l log back			
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Sevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				•						
Perforations							Depth Casing	Shoe		
	TURING	CASII	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
NOLE SIZE	0,10	OAGING & POINTE SIZE								
									<del> </del>	
V. TEST DATA AND REQUE	ST FOR ALLOY	ABLE		L	<u></u>					
OIL WELL (Test must be after	recovery of total volum	e of load	oil and mus	be equal to o	exceed top allo	owable for the	s depth or be fo	r full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pi	ump, gas lift,	etc.)			
1 1 6T-4	Tubing Presque			Casing Pressure			Choke Size			
Length of Test	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.			Water - Bble			Gas- MCF			
				<u> </u>		_,				
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ondensate		
ACHEL FIOR TON - MICHIE						7. 1. Si				
Testing Method (pitot, back pr.)	Tubing Pressure (Sh		Casing Pressure (Shut-in)			Choke Size				
	GAMES OF CO.	mr r v	NCE	٦			<del></del>			
VI. OPERATOR CERTIFI	CATE OF COM	rentation	NCE		OIL COI	NSERV	ATION [	)[VISI	Chan	
I hereby certify that the rules and reg Division have been complied with an	nd that the information g	given abov	/c				<i>D</i> (		} 1202	
is true and complete to the best of m	ly knowledge and belief.	,		Dat	e Approve	ed			<del></del>	
HAWKINS OIL & GAS, IN	y.				• •					
Phip. gowill				By.	By Signed by Paul Kautz					
Signature / Philip J. Wilner - Vice President-Gas Mrktg.				II Geologist						
Printed Name		Title 585-		Title	<b>-</b>					
September 18, 1989		elephone								

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.

SEP 29 1989
OCD
HOBBS OFFICE