HO. OF COPIES HECEIVED			
DISTRIBUTION			
SANTA FE		11	
FIEE		1	-
U.S.G.5.		1	
LAND OFFICE			<del>                                     </del>
TRANSPORTER	OIL	i	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

(Title)

(Date)

6-30-77

•	DISTAIRBUTION	NEW MEXICO OU	CONSERVATION COMMISSION				
	SANTA FE	PFOLIE	T FOR ALL OWARD	Form C-104			
	FIEE	KEQUE3	T FOR ALLOWABLE	Supersedes Old C-104 and C-			
	U.S.G.5.	Effective 1-1-65					
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			_ GAS			
	OIL	<del></del>		·			
	I HANSPORTER	•		6			
	GAS			· ·			
	OPERATOR	•	,				
1.	PRORATION OFFICE Operator						
	Amerada Hess Cor	poration .					
	Address						
	Drawer D. Monume	nt, New Mexico 88265					
	Reason(s) for filing (Check proper b	ox)	Other (Please explain)				
	New Well X	Change in Transporter of:	Other (Please explain)				
	Recompletion	—					
	Change in Ownership						
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
	and address of previous owner		•				
II.	DESCRIPTION OF WELL AND	D LEASE					
	Lease Name   Well No. Pool Name, Including Formation   Vind of Lease						
	J. Apache "H" Tr. 2 3 South Blanco Pictured Cliffs State, Federal or Fee Federal						
	Location	. 2   3   South Blanco	Pictured Cliffs State, read	Federal Federal			
		,		<del></del>			
	Unit Letter M; 99	O Feet From The South	ine and 990 Feet From	n The West			
	_						
Į	Line of Section 9 T	Ownship 23N Range	2W , NMPM, Rio Ar	riba County			
				County			
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	48				
[	Name of Authorized Transporter of C	cr Condensate X	Address (Give address to which appr	roved copy of this form is to be sent)			
1	Permian Corporation		[	•			
ļ	Permian Corporation  Box 3119, Midland, Texa  Vame of Authorized Transporter of Casinghead Gas or Dry Gas X  Address (Give address to which approve		xas 79701				
}	El Paso Natural Gas (		Box 1492, El Paso, Te	xas 79999			
İ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen			
L	give location of tanks.	M 9 23N 2W	No ·				
I	If this production is commingled w	with that from any other lease or pool,	givo commination and				
IV.	COMPLETION DATA	mer nom any other rease or poor,	, give comminging order number:				
ſ		Oil Well Gas Weli	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
1	Designate Type of Complet	ion - (X)		Find Buck   Sume Res-V. Dill. Mas-V.			
ŀ	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	<u> </u>			
1	5-31-77	•	i .	P.B.T.D.			
- }	Elevations (DF, RKB, RT, GR, etc.)	6-21-77	3162'				
			Top Oil/Gas Pay	Tubing Depth			
L	7278' GR	Pictured Cliffs	3036'	3052'			
Perforations 4-1/2" csg. perf. fr. 3054' to 3		0		Depth Casing Shoe			
		3054' to 3069'		3161'			
		TUBING, CASING, AN	D CEMENTING RECORD	3202			
ſ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CENERAL			
	13-3/4"	9-5/8"		SACKS CEMENT			
<u> </u>	8-3/4"		3621	400 sks.			
_ <u> </u>	0=3/4"	4-1/2"	3161'	800 sks.			
-							
L	<del></del>		<u> </u>				
<b>V</b> . 7	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to as exceed ser allow			
_9	OIL WELL	DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-WEIL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
T	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
ŀ			•	1 1			
-	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	JUL 11977			
- 1	•		Water - Dibis.	COL COL			
<u> </u>		<u> </u>	<u> </u>	Gas-ICOIL CON.			
•				DIST. 3			
_	GAS WELL						
ļ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
1	1004.4	16 hrs.	0				
Γ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back pressure		, , , , , , , , , , , , , , , , , , , ,				
 				1 3/4"			
v 1. C	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
			APPROVED, 19				
I	hereby certify that the rules and	regulations of the Oil Conservation					
С	commission have been complied	with and that the information given					
	nove is true and complete to the	e best of my knowledge and belief.					
E. B. Diskey			TITLE SUPERVISOR DIST. #3				
						This form is to be filed in compliance with RULE 1104.	
				E H Tusker		If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
_	(Sign	atwe)					
	Supv. Adm. Ser.	<b>!</b>					
_			II All sections of this farm and				

tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.

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