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**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

*B.K.*

**I. Operator**  
Amerada Hess Corporation

**Address**  
Drawer D, Monument, New Mexico 88265

**Reason(s) for filing (Check proper box)**

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>J. Apache "I"</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Chacon Dakota Associated</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>167</b>
Location Unit Letter <b>M</b> ; <b>890</b> Feet From The <b>South</b> Line and <b>890</b> Feet From The <b>West</b> Line of Section <b>11</b> Township <b>23N</b> Range <b>3W</b> , NMPM, <b>Rio Arriba</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Co. (Inland Transp.)</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2648, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1492, El Paso, Texas 79999</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>11</b>	Twp. <b>23N</b>	Rge. <b>3W</b>
	Is gas actually connected? <b>No</b>		When	

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 <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 <b>4-14-77</b>	Date Compl. Ready to Prod. <b>9-2-77</b>		Total Depth <b>7600'</b>		P.B.T.D. <b>7552'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>7205' GR</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>7204'</b>		Tubing Depth <b>7308'</b>			
Perforations <b>7204' - 7255', 7271' - 7277', 7322' - 7338'</b>					Depth Casing Shoe <b>7599'</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13-3/4"</b>	<b>9-5/8"</b>		<b>379'</b>		<b>350 sks.</b>			
<b>5-1/2"</b>	<b>8-3/4" &amp; 7-7/8"</b>		<b>7599'</b>		<b>2000 sks.</b>			

**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 Tanks <b>9-3-77</b>	Date of Test <b>9-5-77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test	Oil-Bbls. <b>65</b>	Water-Bbls. <b>40</b>	Gas-MCF <b>TSTM</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*E.B. Fisher*  
(Signature)  
Supv. Adm. Ser.  
(Title)  
9-8-77  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_ 19  
Original Signed by A. R. Kendrick  
BY \_\_\_\_\_  
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or der. 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 allowable 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 multiple completed wells.