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OPERATOR		/
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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-1
Effective 1-1-65

30-039-2216d

I. Operator
Amerada Hess Corporation
Address
Drawer D, Monument, New Mexico 88265
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **J. Apache "I"** Well No. **7** Pool Name, including Formation **Pictured Cliffs** Kind of Lease **Federal** Lease No.
Location
Unit Letter **G** : **1760** Feet From The **North** Line and **1840** Feet From The **East**
Line of Section **1** Township **23N** Range **3W** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company **Box 1492, El Paso, Texas 79999**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When
No
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'
X **X**
Date Spudded **10-28-79** Date Compl. Ready to Prod. **3-20-80** Total Depth **3185'** P.B.T.D. **3117'**
Elevations (DF, RKB, RT, GR, etc.) **7140' GR, 7152' DF** Name of Producing Formation **Pictured Cliffs** Top Oil/Gas Pay **3000'** Tubing Depth
Perforations **3009', 3010', 3012', 3013', 3014', 3015', 3018', 3021', 3022', 3023', 3024', 3027', 3028'** Depth Casing Shoe **3182'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
11" **7-5/8"** **297'** **200 sks.**
6-3/4" **2-7/8"** **3182'** **600 sks.**

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure
Actual Prod. During Test Oil-Bbls. Water-Bbls.
RECEIVED
APR 14 1980
OIL CON. COM.
DIST. 3

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
120.3 MCFPD **3 hrs.** **0** **-**
Testing Method (prior, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
back pressure **890#** **24/64"**

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)
4-11-80 (Date)
OIL CONSERVATION COMMISSION
APPROVED **APR 21 1980**, 19
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 3**
This form is to be filed in compliance with RULE 1104
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-