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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes ( Effective 1-1	Old C-104 and C-1	
FILE U.S.G.S.		AND		-03	
LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NA	TURAL GAS		
TRANSPORTER	NAME CHANGE				
GAS	AMERADA HESS CORP	ORATION			
OPERATOR			Nama Chamas		
PRORATION OFFICE  Sperator	AMERADA DIVISION, AMERADA H EFFECTIVE OCTOBER	1. 1959.	Name Change		
·	leum Corporation	.,	Amerada Petroleun	n Corp.	
Address Address	rems corporation		To: Amerada Hess	Corp.	
P. O. Box 1469	9, Durango, Colorado		Effective 7-1-69	_	
Reason(s) for filing (Check proper	box)	Other (Please e	xplain)		
New Well	Change in Transporter of:	Change 4	in offert 1/3/6	4	
Recompletion	CI: Dry Ga		o go in effect 4/1/60	() •	
Change in Ownership	Casinghead Gas Conden	nsate X			
If change of ownership give nam	e				
and address of previous owner _					
I. DESCRIPTION OF WELL AN	ND LEASE		- 197		
ijease Name		me, Including Formation	Kind of Lease		
Jicarilla Apache "B	n 13 Basi	in Dakota	State, Federal or Fe	* Federal	
Location	1000	1000	Your #		
Unit Letter A	1000 Feet From The North Lin	ie and <u>1000</u>	Feet From The LASC		
Line of Section 29	Township 24N Range	5W , NMFM,	Rio Arriba	County	
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	is			
Name of Authorized Transporter of	Oi or Condensate X	Address (Give address to	which approved copy of this form i	s to be sent)	
Rock Island Oil & Re	fining Co., Inc. Casinghead Gas of Dry Gas	321 West Dougla	s, Wichita, Kansas		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to	which approved copy of this form i	s to be sent)	
			O Whom		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas motually connected	? When		
give location of tanks.	A 29 24N 5W	<u> </u>			
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order	number:		
	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same ?	Rest. Diff. Res	
Designate Type of Compl	etion $-(\lambda)$	· · · · · · · · · · · · · · · · · · ·	i . !		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	c.) Name of Producing resmution	repolitous Pay	:		
Perforations			Depth Casing Shoe		
. 51.51.41.51.5			!		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		EMENT	
		;			
		<u></u>			
	T FOR ALLOWABLE (Test must be a	ifter recovery of total volum epth or be for full 24 hours)	e of load oil and must be equal to	or exceed top all	
OIL WELL  Date First New Oil Run To Tanks		Producing Method (Flow,			
Date First New Cir Num To Tunks	Sale of root			CONTRACT.	
Length of Test	Tubing Pressure	Casing Pressure	Choke Syzen	15-	
			AFI FI	ing. G <sub>ern</sub>	
Actual Prod. During Test	Oil-Bb.s.	Water - Bbis.	Gan MF		
				- e 	
' <del></del>			APRO	,	
GAS WELL			Gravky O bondens	<u>, 795.</u>	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravay & Condens	ate	
		G-1/- D	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
		<del></del>			
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		OILC	OIL CONSERVATION COMMISSION		
		APPROVED			
		and the second the second the second			
above is true and complete to	the best of my knowledge and belief.	BYRLS	h digner is de the Cons		
		[ ]	car Dist # 3		

## VI.

1 MACKE	
(Signature)	

Foreman

April 1, 1966

(Title)

APPROV	VED	, 19
BY	On the Signed Floor	
TITLE _	Supervisor Dirk # 3	

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 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 multiply completed wells.