

All distances must be from the outer boundaries of the Section.

Operator Amerada Hess Corporation		Lease Jicarilla Apache "A"		Well No. 3
Unit Letter N	Section 23	Township 25N	Range 5W	County Rio Arriba
Actual Footage Location of Well: 1650 feet from the West line and 990 feet from the South line				
Ground Level Elev. 6764' DE	Producing Formation Dakota	Pool West Lindrith Gallup-Dakota	Dedicated Acreage: S-1/2 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

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OIL CON. DIV.  
DIST. 3

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

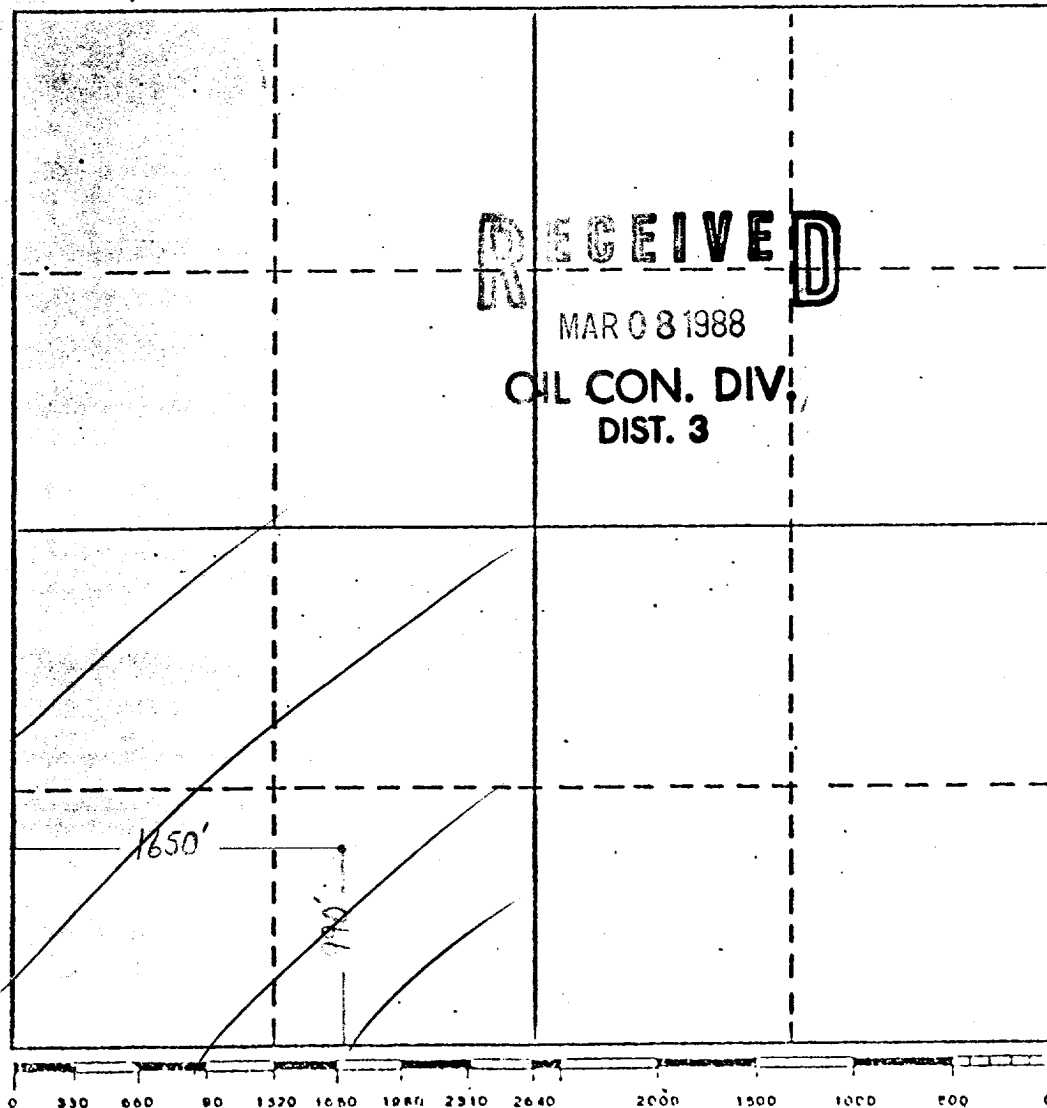
Name  
Dennis Ward  
Position  
Petroleum Engineer  
Company  
Amerada Hess Corp.  
Date  
1-13-87

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
9-16-55  
Registered Professional Engineer  
and/or Land Surveyor

James P. Leese

Certificate No.  
N. Mex. Reg. No 1463



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CON. DIV.  
DIST. 3

CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Amerada Hess Corporation

Address  
Drawer D, Monument, N.M. 88265

Reason(s) for filing (Check proper box)

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

Other (Please explain) *From: Basin Dakota Extension of West Lindrith Gallup-Dakota Pool. R-8585*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Apache "A"	Well No. 3	Pool Name, including Formation Dakota West Lindrith Gallup-	Kind of Lease State, Federal or Fee	Lease Cont. Tr.
Location Unit Letter <u>N</u> : <u>1650</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line of Section <u>23</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 3119, Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas, Co.	Box 1492, El Paso, Tx. 79999
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>23</u> Twp. <u>25N</u> Rge. <u>5W</u>	Yes

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Dennis Ward  
(Signature)  
Petroleum Engineer  
(Title)  
1-13-87  
(Date)

OIL CONSERVATION DIVISION  
MAR - 8 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Brian J. Shum  
TITLE SUPERVISION 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 deeper 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 all able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	
9-29-55		12-13-55			7505'			7348'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
6764' DF		Dakota			7137'			7098'	
Perforations							Depth Casing Shoe		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½ & 12½"	13-3/8"	217'	250 sks.
11"	8-5/8"	3027'	450 sks.
7-7/8"	5-1/2"	7505'	900 sks.
4-3/4"			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

#### GAS WELL

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