

DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

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

Operator Amerada Hess Corporation	
Address Drawer "D" - Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<i>first</i> Change Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name J. Apache "B"	Well No. 14	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-1420
Location				
Unit Letter L	1780	Feet From The South	Line and 800	Feet From The West
Line of Section 19	Township 24N	Range 5W	, NMPM, Rio Arriba County	

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)
Plateau, Inc.	Box 108 - Farmington, New Mexico
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.	Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
L 19 24N 5W	Yes 3-25-76

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/23/75	Date Compl. Ready to Prod. 10/24/75	Total Depth 6700'	P.B.T.D. 6670'					
Elevations (DF, RKB, RT, GR, etc.) GR 6489'	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6474'	Tubing Depth 6289'					
Perforations 6354-64, 6466-76, 6492-6520	Depth Casing Shoe 6699'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	363'	425 Sx. (Circ.)					
8-3/4"	5-1/2"	6699'	1675 Sx.					
	1-1/2"	6289'						

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2631	Length of Test 2.5 Hrs.	Bbls. Condensate/MMCF 1/2 Bbl.	Gravity of Condensate 52.8
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 1882	Casing Pressure (Shut-in) 1900	Choke Size 3/4"

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.

H.O. Porter
(Signature)
Admin. Serv. Supv.
(Title)
March 26, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 1976**, 19
BY ORIGINAL SIGNED BY H. E. MAXWELL, JR.
TITLE PETROLEUM ENGINEER DIST. NO. 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.