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TRANSPORTER	OIL	7
	GAS	
OPERATOR		2
PRORATION OFFICE		

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

Form O-104
Supersedes O-104 and O-105
Effective 1-1-65

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Operator		Amerada Hess Corporation	
Address		Drawer D, Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
J. Apache "B"	16	Gero - Dakota	State, Federal or Res. Federal	11
Location				
Unit Letter	1850	Feet From The South	Line and 1500	Feet From The West
Line of Section	29	Township	24N	Range 5W
		NMEL, 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)	
Permian Corporation		Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas	☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	29	24N	5W
Is gas actually connected?	When		
No - Gas used as lease fuel			

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.	Diff. Res.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-7-76	12-29-76		6800'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Gr. 6595'	Dakota		6600'		6526'			
Perforations					Depth Casing Shoe			
6610' - 6680', 6718' - 6740'					6798'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		349'		275 sks.			
7-7/8"	5-1/2" 15.5# &		6798'		2025 sks.			
	5-9/16" 15.63#							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of 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.)	
11-26-76	12-29-76	Pump (2" x 1-1/4" x 16')	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	20	5	49.5

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

VI. CERTIFICATE OF COMPLIANCE

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

E. B. Fisher
(Signature)

Supervisor of Administrative S.
(Title)

1-5-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed _____

TITLE _____

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 description 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 O-104 must be filed for each pool in multi-