NO. OF COPIES RECE	IVED	5	
DISTRIBUTION			
SANTA FE			
FILE		/	
U.S.G.S.			
		<u> </u>	1
TRANSPORTER	OIL	1	
IRANSPORTER	GAS	1	1
OPERATOR		1	<u> </u>
PRORATION OFFICE			

. [	DISTRIBUTION		SERVATION COMMISSION	Form C-104		
-	SANTA FE		OR ALLOWABLE	<ul> <li>Supersedes Old C-104 and C-110 Effective 1-1-65</li> </ul>		
	FILE		AND			
Ļ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	<b>,</b>		
-	LAND OFFICE	•		,		
	TRANSPORTER GAS /					
H	OPERATOR /	-				
1.	PRORATION OFFICE					
•	Operator					
L	Amerada Hess Corporation					
	Address	y was a 99265		•		
-	Drawer D. Monument Reason(s) for filing (Check proper box)	New Mexico 88265	Other (Please explain)			
	New Well	Change in Transporter of:				
١	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	ate			
į						
•	If change of ownership give name and address of previous owner					
	•					
H.	DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including Formation   Kind of Lease					
	Lease Name	or Fee Federal				
	J. Apache "A"   10   Basin Bakota					
	Location  Unit Letter B : 890   Feet From The North   Line and 1750   Feet From The East					
	Unit Letter B : 090	Peet Flom The House		1		
	Line of Section 35 Tow	rnship 25-N Range	5-W , NMPM, ]	Rio Arriba County		
			•			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approx	ped copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate [X]	Addiese (Cook and and	ı		
	Inland Transportation Function Add		Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Classification		Box 1492, El Paso, Texas 79999			
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en		
	If well produces oil or liquids, give location of tanks.	B 35 25N 5W	No .			
		th that from any other lease or pool,	give commingling order number:			
w				Plug Back   Same Res'v.   Diff. Res'v.		
	D i Ton of Completion	Oil Well Gas Well	14011 11011	riag Daon		
	Designate Type of Completion	on – (A)   X	X Total Depth	P.B.T.D.		
	Date Spudded	Date Compi. Reddy to 1:00.	7570¹	7490'		
	6-11-77		Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 6935 GR	Dakota	7346'	7336'		
	Perforations	·		Depth Casing Shoe		
	7346' - 7364' 7374' - 7378', 7388' - 7404'		7569 <b>1</b>			
	TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	350 sks.		
	13-3/4"	9-5/8"	365' 7569'	875 sks.		
	7-7/8"	5-1/2"	7309	0/3 589.		
		COP ALLOWARIE (Transmiss base	after recovery of total volume of load oi	l and must be equal to or exceed top allow-		
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 a able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc./		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
		Oil-Bbls.	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	OIL-BAIG.				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	· 1360	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)		Casing Pressure (Snuc-18)	3/4"		
	Back press.	1950#				
1	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERV	OIL CONSERVATION COMMISSION		
•			APPROVED	, 13		
I hereby certify that the rules and regulations of the Oil Conservation		Omininal Signed	II			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY_UTIGHT DIGHT	3.		
	•		TITLE			
	. /	1		n compliance with RULE 1104.		
	0 4 2 . 1/	/ • 4		・・・・・・・ for a nawly delibed Of (2012年の第78年)		
	EB Broke	(anature)		If this is a request for allowable for a newly drilled or darpaned well, this form must be accompased by a tabulation of the deviation tests taken on the well in accompased with RULE 111.		
	·	gnature;	. II	move be filled out completely for allow		
	Supv. Adm. Ser.		All sections of this form	wells.		

EB Isakes (Signature)	
Supv. Adm. Ser.	
Supv. Adia, Ser. (Title)	

(Date)

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or trensporter, or other such change of equition Separate Forms C-104 must be filed for each pool in multiple completed wells.