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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 15 1984

OIL CON. DIV.
DIST. 2

Amerada Hess Corporation

47-91000

Drawer D, Monument, New Mexico 88265

Reason(s) for Tiling (Check proper box)

Other (Please explain)

Now Well ☐

Change in Transporter of:

Recompletion ☐

Est ☒

Dry Gas ☐

Change In Ownership ☐

Testhead Gas ☐

Condensate ☐

Effective 11-1-84

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Harvey State	Well No. 1	Pool Name, Including Formation Basin Dakota/Otero Gallup	Kind of Lease State, Federal or Fee State	Lease No. E291
Location Unit Letter N : 990 Feet From The South Line and 1750 Feet From The West Line of Section 36 Township 25N Range 6W , NMPM, Pio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation Permian (Eff. 9 / 1 / 87)					Box 3119, Midland, Texas 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)	
Amerada Hess Corporation					Box 2040, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	36	25N	6W	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: R5138

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.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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 above is true and complete to the best of my knowledge and belief.

E. H. Fisher
(Signature)

Supv. Adm. Ser.
(Total)

10-12-84

OIL CONSERVATION DIVISION

APPROVED 06/15/84, 19

BY Frank G. [Signature]
TITLE _____ SUPERVISOR DISTRICT # 3

TITLE _____ SUPERVISOR DISTRICT # _____

This form is to be filed in compliance with F.O.I.E. 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 III.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multiple completed wells.