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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
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

Name Change  
Amerada Petroleum Corp.  
To: Amerada Hess Corp.  
Effective 7-1-69

NAME CHANGE  
TO  
AMERADA HESS CORPORATION  
EFFECTIVE OCTOBER 1, 1969.

I. Operator  
**Amerada Petroleum Corporation**  
Address  
**P. O. Box 1469, Durango, Colorado 81301**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Completed as a Gas/Gas Dual. Shut-in; no market for gas to date. 45 bbls. of condensate in tank from snubbing & testing.**  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Navajo Tract #4** Well No. **1** Pool Name, Including Formation **South Table Mesa - Miss.** Kind of Lease **Indian-Federal** Lease No.  
Location  
Unit Letter **C** : **660** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **20** Township **27N** Range **17W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**None to date; shut-in** 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 **C** Sec. **20** Twp. **27N** Rge. **17W** Is gas actually connected? **No** When

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 **2/28/68** Date Compl. Ready to Prod. **3/19/68** Total Depth **7895'** P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) **GR 5313'** Name of Producing Formation **Mississippian** Top Oil/Gas Pay **7454'** Depth **7845'**  
Perforations **7454-7520' (1) Hyper Jet Shot Per Foot** Casing Shoe **7385'**

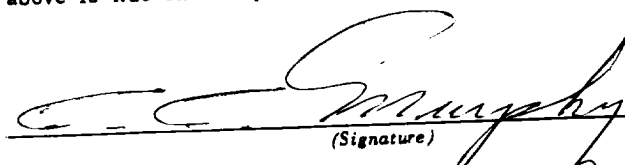
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	777'	350
8-3/4"	7"	3705-3060'	100
6-1/4"	4-1/2"	7887'	215
	3-3/8"	7385'	

V. 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  
**1.340** **5 hrs** **2950** **2075** **374"**  
Testing Method (pitot, back pr.) **Pitot**

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
**1.340** **5 hrs** **2075** **374"**  
Testing Method (pitot, back pr.) **Pitot**

VI. 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.

  
(Signature)  
**Field Clerk**  
(Title)  
**4-18-68**  
(Date)

APPROVED  
Original Signed by Emery C. Arnold  
BY  
SUPERVISOR DIST. #3

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 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 multi-completed wells.