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TRANSPORTER	OIL	,	
	GAS		
		1 -	

	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	PRORATION OFFICE Operator Amerada Hess (Corporation			
	Address	7 - Seminole, Texas 79	 360		
	Reason(s) for filing (Check proper box) New We!1 Recompletion		Other (Please explain) Change in opera	tor only	
	Change in Ownership	Casinghead Gas Conder	nsate		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I Lease Name Navajo Tract #4 Location	Well No. Pool Name, Including F	Sa - Miss State, Federa	l or Fee Federal	
	Unit Letter C; 660			_{rhe} West	
	Line of Section 20 Tow	mship 27N Range 1	7W , _{NMPM} , San Ju	an 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 some of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be some of Authorized Transporter of Casinghead Gas or Dry Gas or D				
	If well produces oil or liquids, give location of tanks.	C 20 27N 17W	Is gas actually connected? Who	911	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workove: Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion		New Well Wolkove: Deepen	1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations	<u> </u>		Depth Casing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(1, etc.) RFIFIVEN	
	Length of Test	Tubing Pressure	Casing Pressure	Choke size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	OIL' CON COA	
				DIST. 3	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	, and the control of			
VI.	CERTIFICATE OF COMPLIAN	CE	OCT	ATION COMMISSION	
	Commission have been complied t	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	APPROVED	, 19	

VI.

Champbell	•
(Signature) Area Superintendent	
(Title) October 24,1972	
(Dure)	

OIL CONSERVATION COMMISSION
OCT 2 6 1972
APPROVED, 19
original Signed by Emery C. Arnold
SUPERVISOR #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 raunt be filed for each pool in multiply completed wells.