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|------|--|---|--|--------------------------------------|
| | NO. OF COPIES RECEIVED |] | | |
| | DISTRIBUTION | NEW MEXICO OIL CO | ONSERVATION COMMISSION | Form C-104 |
| | SANTA FE | | FOR ALLOWABLE | Supersedes Old C-104 and C-11 |
| | FILE | | AND | Effective 1-1-65 |
| | u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | AS | |
| | LAND OFFICE | NAME CHANGE | | |
| | TRANSPORTER GAS | AMERADA HESS CORPORATION | Name Change | 47\$ |
| | OPERATOR 2 | TO ADA DIVISION, AMERADA HESS CORP ADA DIVISION, OCTOBER 1, 1969. | ORATION TARRE CHANGE | C - |
| | PRORATION OFFICE AMER | DA DIVISION, AMERADA TILLO | Amerada Petrole | |
| 1. | Operator | J. EFFECTIVE OCTOBER -/ | To: Amerada He | ess Corp. |
| | Amerada Petroleum Corporation | | Effective 7-1-69 | |
| | Address | | | |
| | 7//9//B77/7949///Tyles//9klabgus///74197 P. O. Box 1469. Durango, Colorado 81301 | | | |
| | Redson(s) for filling (theth proper box) | , | Other (Please explain) | |
| | New Well Recompletion | Change in Transporter of: Oil X Dry Gar | _ [] | |
| | Change in Ownership | Casinghead Gas Conden | EFFECTIVE MAI | RCH 1, 1967 |
| | onange in owner-inp | outsingness due | | - |
| | If change of ownership give name and address of previous owner | | | |
| II. | DESCRIPTION OF WELL AND | LEASE | | |
| | Lease Name | Well No. Pool Name, Including Fo | | Lease No. |
| | Navajo Tract 20 | l Pajarito Peni | n D State, Federal | cr Fee Federal |
| | Location | | 440 | |
| | Unit Letter ; 660 | Feet From The North Line | e and <u>660</u> Feet From Th | ne West |
| | Line of Section 31 Tov | vnship 29N Range | 17w , NMPM, San Ju | 1211 County |
| | | | | |
| III. | DESIGNATION OF TRANSPORT | <mark>TER OF OIL AND NATURAL GA</mark> | S | |
| | Name of Authorized Transporter of Oil | | Address (Give address to which approve | |
| | THE PERMIAN CORPORA | | P. O. BOX 3119, MIDL | |
| | Name of Authorized Transporter of Cas | singhead Gas or Dry Gas | Address (Give address to which approve | ea copy of this form is to be sen |
| | | Unit Sec. Twp. Rge. | Is gas actually connected? Wher | |
| | If well produces oil or liquids, give location of tanks. | D 31 29N 17W | No 7 | |
| | | th that from any other lease or pool, | · · · · · · · · · · · · · · · · · · · | |
| | COMPLETION DATA | th that from any other lease or poof, | give comminging order number. | |
| | Designate Type of Completic | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | | i | | <u></u> |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth CHANGE NAME FROM | P.B.T.D. |
| | Flevations (DE RKR RT CR as : Name of Producing Formation Top Oil (GAMBADA HESS CORPORATIONING Depth | | Publing Depth | |
| | IO: AMERADA HESS CORPORATION | | | |
| | Perforations | 1 | EFF-CTIVE AUG. 1, 10- | Depth Casing Shoe |
| | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 allowable for this depth or be for full 24 hours) | | | |
| | OIL WELL Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.) | | | |
| | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | | PILIVIA |
| | Actual Prod. During Test | Oil-Bhis. | Water-Bbls. | Gas-ICE |
| | | | | SED 1 |
| | | | | |
| | GAS WELL | | 150 | Of CON COM |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Comments |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | | |
| VI. | . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| | 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. | | APPROVED FEB 2 4 1967 | |
| | | | BY Original Signed by Emery C. Arnold | |
| | | | BY Original Signed by | |
| | | | TITLE SUPERVISOR DIST. #3 | |
| | | | This form is to be filed in compliance with RULE 1104. | |
| | 11 11 11 | | This form is to be filed in Co | Subtrance with MOLE 1104. |

FOREMAN

February 23, 1967

(Title)

(Date)

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.