

**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  
Effective 1-1-65

NO. OF OILY FEETINGS	
DISTRIBUTION	
VARIETY	
FIELD	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

**I. OPERATOR**  
Operator: Amerada Hess Corporation  
Address: P. O. Box 591, Midland, Texas 79701

**Reason(s) for filing (Check proper box)**  
 New Well       Change in Transporter of: Oil  Dry Gas   
 Recompletion       Casinghead Gas  Condensate   
 Change in Ownership

**Other (Please explain)** CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971

If change o. ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name State "J" Gas Com.	Well No. 3	Pool Name, including Formation Eumont Queen/Gas	Kind of Lease State, Federal or Fee	Lease No. B-1656
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**Location**  
Unit Letter: K ; 1980' Feet From The West Line and 1980' Feet From The South  
Line of Section 2 Township 20-S Range 36-E, NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge Street-Omaha, Nebraska 68101

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

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

**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	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						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 dead 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/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (sbst-1in)	Casing Pressure (sbst-1in)	Choke Size

**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.

OIL CONSERVATION COMMISSION  
**AUG 18 1971**

APPROVED BY: John W. Runyan, 19  
TITLE: Geologist

\_\_\_\_\_  
(Signature)  
PRODUCTION REPORT SUPERVISOR  
(Title)

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for filing.

RECEIVED

AUG 12 1971

OIL CONSERVATION COM. AL.  
HOUSTON, TEXAS