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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E y, Minerals and Natural Resources Departme

DISTRICT II P.O. Drawer DD, Astonia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berson Rd., Astec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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Operator AMERADA HESS CORPORATION									Wall API No. 3002505927				
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Section	6 1	Township	20S		Range	37E	, NI	ирм,	LEA			County	
I. DESIGNATI	ION OF	TDANS	PORTER	OF O	II.:AN	ID NATII	RAL GAS						
lame of Authorized T	ressporter o	A OII		or Conde			Address (Giw			red copy of this			
SHELL PIPE					or Dr	Gas [X]				TON, TEX			
NORTHERN N	-				G 127)	, 				OMAHA, N		68102	
f well produces oil or			Unit	Sec.	Twp	•	ls gas actually	y connected	Wh	en ?			
ve location of tanks. this production is co-			Bl	6	205	37							
V. COMPLETI			Oin any ous	I PORSE UI	pout, g	ive consumg	und otoes more						
			an.	Oil Well		Gas Well	New Well	Workover	Doeper	Plug Back	Same Res'v	Diff Res'v	
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levations (DF, RKB, RT, GR, etc.)			Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations					<u> </u>			Depth Car	Depth Casing Shoe				
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HOLE SIZE			CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
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v. TEST DATA	AND D	FOUR	T FOR A	How	ARI	r	1					· · · · · · · · · · · · · · · · · · ·	
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Date First New Oil R	us To Tank		Date of Te		•				, pump, gas i				
length of Test			Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test											Gas- MCF		
record From During 1 and			Oil - Bbis.				Water - Bbli	Water - Hola.			F		
GAS WELL			*				L			l	•		
Actual Prod. Test - M	ACF/D		Length of	Test	·		Bbis. Conde	nuic/MMC	F	Gravity o	l Condensule		
esting Method (pitot, back pr.)			Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			74.45.89	Choke Size		
	Choke Si												
VL OPERATO	OR CER	TIFIC	ATE OF	COM	PLIA	NCE				<u>_</u>			
I hereby certify the Division have been	at the rules	and regula	ations of the	Oil Conse	ervation	1	 	OIL C	ONSER	OITAVI	1 DIVISI	ON	
true and comple	the to the be	at of my l	raowledge a	ad belief.	ven abo	o ∢e		_					
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Signature UNIT							By			<u>.;</u>			
ROBERT L.	WILLIA	MS. JE	.	SUPER	TNTE TINU	NDENT_							
Printed Name 1/1/92					Tide		Title	9					
Date				<u> </u>	- 393- elephon	4 No							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or despensed well/must be accompanied by tabulation of deviation tests taken in accordance with Rale 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.