

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

I. Operator
Amerada Hess Corporation

Address
Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-1-88
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. J. Raley	Well No. 2	Pool Name, including Formation West Nadine-Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>					
Line of Section <u>8</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When
	M 8 20S 38E No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



Supv. Adm. Svc.
(Title)

5-5-88
(Date)

OIL CONSERVATION DIVISION

MAY 10 1988

APPROVED _____, 19 _____

BY Eric Mautz
Geologist

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 all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 12-16-52	Date Compl. Ready to Prod. 2-9-53		Total Depth 9290'			P.B.T.D. 6670'			
Elevations (DF, RKB, RT, GR, etc.) 3573' DF	Name of Producing Formation Blinebry		Top Oil/Gas Pay			Tubing Depth 6139'			
Perforations 5953' - 6064'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"			296'		200			
12-1/4"	9-5/8"			3710'		1775			
8-3/4" & 7-7/8"	5-1/2"			9290'		900			
	2-3/8"			6139'					

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)

Date First New Oil Run To Tanks 4-26-88	Date of Test 5-3-88	Producing Method (Flow, pump, gas lift, etc.) Pump. 2" x 1-1/4" RHBC 16' x 4' x S5'		
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 0		Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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