

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator  
**Amerada Hess Corporation**

Address  
**Drawer D, Monument, New Mexico 88265**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	5/11/83
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name <b>B. M. Marcus</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Warren Tubb</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>20</b> Township <b>20-S</b> Range <b>38-E</b> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74101</b>
If well produces oil or liquids, give location of tanks.	Unit : <b>C</b> Sec. : <b>20</b> Twp. : <b>20S</b> Rge. : <b>38E</b> Is gas actually connected? <b>No</b> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>10-12-82</b>	Date Compl. Ready to Prod. <b>3-11-83</b>	Total Depth <b>7650'</b>	P.B.T.D. <b>6976'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3547' GR 3560' DF</b>	Name of Producing Formation <b>Tubb</b>	Top Oil/Gas Pay <b>6493'</b>	Tubing Depth <b>7650'</b>					
Perforations <b>6493-6660</b>							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	377'	400 sks.
12-1/4"	9-5/8"	4495'	1925 sks.
8-3/4"	7"	7650'	600 sks.

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 <b>2-21-83</b>	Date of Test <b>2-23-83</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>8 hrs</b>	Tubing Pressure <b>350</b>	Casing Pressure <b>Pkr.</b>	Choke Size <b>15/64"</b>
Actual Prod. During Test <b>-</b>	Oil-Bbls. <b>72</b>	Water-Bbls. <b>2</b>	Gas-MCF <b>123</b>

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

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 above is true and complete to the best of my knowledge and belief.

*E.B. Fisher*  
(Signature)  
Supv. Administrative Svcs.  
(Title)  
**3-11-83**  
(Date)

OIL CONSERVATION DIVISION  
**MAR 14 1983**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple-completed wells.