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DISTRIBUTION SANTA FE FILE		FOR ALLOWABLE AND	Form C+104 Supersedes Old C+104 and (Ellective 1-1+85
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND HATTIRAL G	SAS .
THANSPORTER GAS			•
PRORATION OFFICE		*	
Operator Name Co.			
Amerada Hess Co:	(A)		
P. O. Box 591, 1 Reoson(s) for filing (Check proper box		: Other (Please confincial	
New Well	Change in Transporter of:	Other (Please CHEANIZE NA AMERADA AMERADA HESS C	S DIV
Recompletion	OII Dry Go Casinghead Gas Conde	IU: AMERADA HESS	CORPORATION
If change o, ownership give name		Δ	G, 1, 1971
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE. Well No.: Pool Name, Including F	ormation Kumii: of Lease	· Lease No
E. W. Walden	5 Tubb OIL	States, Federal	į
Unit Letter L ; 18	380 Feet From The South Lin	we and 660° Facet From T	rh• West
Unit Letter;		se and 660° Facet From T	he WESL
Line of Section 15 Tov	mahip 22_S Range 3	7-E , NMPM,	Lea County
DESIGNATION OF TRANSPORT		AS Address (Give address to whenceh approv	ed convolutio form is to be easily
Shell Pipeline Compa		Box 2648-Houston, Tex	
Name of Authorized Transporter of Cas	inghead Gas Cor Dry Gas	Address (Give address to where approved copy of this form is to be sent)	
Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Box 1351-Midland, Text 1s gas actually connected? Whe	
give location of tanks.	K 115 122-S 137-E		0/11/64
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order numaliser: EFF	ECTIVE JANUARY 31, 1977, LLY OIL COMPANY MERGE
Designate Type of Completic	on (X) Gas Well Gas Well	New Well Workover Dersepen INT	O'GETTY OU COMPANY
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Compl. Ready to Prod. Nome of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Date Spudded Elevations (DF, RKB, RT, GR, etc.)			Tubing Depth
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PRODUCTION RECORDS SUPERVISOR

(Yule) . .

If this is a request it, is allowable for a newly drilled or desperwell, this form must be an companied by a tabulation of the deviations taken on the well in a accordance with five fitting.

All sections of this form must be filled out completely for all able on the filled out completely for all ables of the filled out completely for all ables on the filled out completely for all ables of the filled out completely fille

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