## DISTRIBUTION SANTA FE FILE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

<u> </u>	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	IRANSPORTER GAS				
1.	OPERATOR PRORATION OFFICE Operator				
	Amerada Hess Corporation				
	Address Drawer "D". M	Monument, New Mexico 8826	65		
}	Reason(s) for tiling (Check proper box)  Other (Please explain)				
	New We!l	Change in Transporter of: Oil Dry Gas			
	Recompletion XX  Change in Ownership	Casinghead Gas X Condens	一 <b>一</b> 一		
	If change of ownership give name and address of previous owner				
и.	DESCRIPTION OF WELL AND I	LEASE   Well No.   Poel Name, Including Fo	ormation   Kind of Lea	se Lease No.	
	Lease Name E.W. Walden	6 Drinkard	State, Fede		
	Location		701	774	
	Unit Letter M ; 731 Feet From The South Line and 731 Feet From The West				
	Line of Section 15 Tow	mship 22-S Range 3	7-E , NMPM,	Lea County	
H.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	S Address (Give address to which app.	roved copy of this form is to be sent)	
	Shell Pipe Line Company		Box 2648, Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Box 2370, Hobbs, New Mexico 88240		
	Northern Natural Gas Co	Unit Sec. Twp. Rge.		When	
	If well produces oil or liquids, give location of tanks.	K 15 22 S 37 E	<u> </u>	12/23/75	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		PC 430	
1 .	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date SANK Workover	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	9/24/75	12/24/75 Name of Producing Formation	8090 Top Oil/Gas Pay	6408 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3406 DF	Drinkard	6273'	6408'	
	Perforations 6273' to 6383' 8090'			Depth Casing Shoe  8090	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	173 1	SACKS CEMENT 200	
	17½" 11"	13-3/8" 8-5/8"	2762	1550	
	7-3/8"	5370	8090'	650	
			for the state of leading	sil and must be equal to or exceed top allows	
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 allow able for this depth or be for full 24 hours)  OIL WELL  Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas		
	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 Tost	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	CONTRACTOR OF COMPLIAN	CF	OIL CONSER	VATION COMMISSION	
¥£.	. CERTIFICATE OF COMPLIANCE		1446		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED		
	above is true and complete to the best of my knowledge and belief.		SUPPLIE		
			TITLE		
	Jeff to		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despendent of the deviation.		
	H. Woller (Signature)		If the state from many has accompanied by a labellation of the deviation		
	Supvr., Admin. Services		All sections of this form	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow	
	(Title)		ll able on new and recompleted wells.		
	1/5/76		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition		
	(Date)		Separate Forms C-104 must be filed for each pool in multiply		