

OIL CONSERVATION DIVISION

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

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Amerada Hess Corporation	Well API No. 300250412400
Address P. O. Box 2040, Tulsa, Oklahoma 74102	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of operator effective 6/1/91 at 7:00 a.m. MDT
Recompletion <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator ARCO Oil and Gas Company, a Division of Atlantic Richfield Company P. O. Box 1610, Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Selby Maveety (ARC)	Well No. 1	Pool Name, Including Formation Eunice Monument GSA	Kind of Lease Date, Federal or Fee	Lease No.
Location				
Unit Letter N	660	Feet From The South	Line and 1980	Feet From The West
Section 35	Township 19S	Range 36E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch Oil Co., Division of Koch Industries, Inc.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Company	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 19S	Rge. 36E	Is gas actually connected? Yes	When? 5/19/71
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 100 allowable for this depth or be for full 24 hours.)

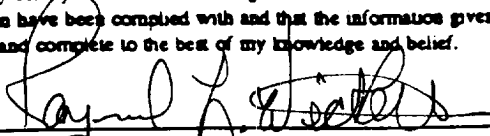
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR 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.

Signature: 
 Printed Name: R. E. Wickert, Attorney-In-Fact
 Title: _____
 Date: JUN 03 1991
 Telephone No.: (918) 599-4200

OIL CONSERVATION DIVISION

Date Approved: JUN 10 1991

By: ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title: _____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 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.