

TO: COUNTY OFFICE		
DISTRIBUTION		
DATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-63

Operator
Amerada Hess Corporation

Address
P. O. Box 591, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
**CHANGE NAME FROM
 AMERADA DIV.
 AMERADA HESS CORPORATION
 TO: AMERADA HESS CORPORATION
 EFFECTIVE AUG. 1, 1971**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name L. W. White Gas Com.	Well No. 1	Pool Name, including Formation Dumont Queen/Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location
 Unit Letter **P** ; **660'** Feet From The **South** Line and **660'** Feet From The **East**
 Line of Section **34** Township **20-S** Range **36-E** , **NMPM** Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384-El Paso, Texas 79948

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes

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 Gas Well New Well Workover Dissopen Plug Back Same Restv. Diff. Res.

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of head 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	Date of Test	Producing Method (Flow, pumps, 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/MCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. H. ...
 (Signature)
 PRODUCTION RECORDS SUPERVISOR
 (Title)

OIL CONSERVATION COMMISSION

APPROVED **AUG 18 1971**, 19__

BY *John W. ...*
 Geologist

TITLE _____

This form is to be filled in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the desired tests taken on the well in accordance with RULE 1103.
 All sections of this form must be filled out completely for all applicable wells.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.