

**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
Effective 1-1-65

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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "P"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Monument Grayburg S.A.</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B1384</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>19-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648 Houston, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 Tulsa, Oklahoma</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>29</u>	Twp. <u>19-S</u>	Range <u>37-E</u>
	Is gas actually connected? <u>Yes</u>		When <u>Unknown</u>	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
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		

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume off 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	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/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 compiled with and that the information given above is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION COMMISSION
AUG 18 1971
APPROVED _____ 19_____
BY J.P. [Signature]
TITLE **SUPERVISOR DISTRICT II**

This form is to be filled 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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-

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AUG 10 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**