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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-2  
 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:  
 Recombination  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 State "0"	Well No. 4	Pool Name, including Formation Monument Grayburg S.A.	Kind of Lease State, Federal or Fee State	Lease No. B1533-122
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Location  
 Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East  
 Line of Section 30 Township 19-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2648 - Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589 - Tulsa, Oklahoma

If well produces oil or liquids, give location of tanks.  
 Unit B Sec. 30 Twp. 19-S Rge. 37-E Is gas actually commingled? Yes when Unknown

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	Reopen	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

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 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 (pitot, 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. Brewer*  
 (Signature)

(Title)

OIL CONSERVATION COMMISSION  
 APPROVED **AUG 18 1971**  
 BY *[Signature]*  
 TITLE **SUPERVISOR OF DISTRICT I**

This form is to be filed in compliance with RULE 1102.  
 If this is a request for allowable for a newly drilled or reopened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1111.  
 All sections of this form must be filled out completely for all wells.

**RECEIVED**

**AUG 16 1971**

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