

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator AMERADA HESS CORPORATION	Well API No. 30-025-05799
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> NAME CHANGED FROM SARAH PHILLIPS #1 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> TO SARAH PHILLIPS GAS COM #1.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SARAH PHILLIPS GAS COM	Well No. 1	Pool Name, Including Formation EUMONT YATES 7RQ	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 33 Township 19S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
ENRON OIL & GAS COMPANY Northern Natl. gas	P.O. BOX 2267, MIDLAND, TX. 79709					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					YES	10-29-90

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
		X				X		
Date Spudded	Date Compl. Ready to Prod. 10-29-90		Total Depth 3910'		P.B.T.D. 3640'			
Elevations (DF, RKB, RT, GR, etc.) 3569' DF	Name of Producing Formation EUMONT YATES 7RQ		Top Oil/Gas Pay 3506'		Tubing Depth 3458'			
Perforations 3524' - 3538' & FR. 3544' - 3600' W/2 SPF, TOTAL 144 HOLES 3506' - 3514' W/4 SPF, TOTAL 32 HOLES					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-1/2"		161'		PREVIOUSLY RAN			
11"	8-5/8"		2,557'		" "			
7-7/8"	6-5/8"		3,759'		" "			
	2-7/8"		3,581'					

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test 11-13-90	Producing Method (Flow, pump, gas lift, etc.) FLOWING GAS WELL	
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 14 MCF/GPD	Length of Test 24	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) FLOWING THRU SALES METER	Tubing Pressure (Shut-in) 145#	Casing Pressure (Shut-in) 145#	Choke Size 6/64"

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
R.L. WHEELER, JR. SUPV. ADM. SVC.
Printed Name
11-20-90 Title
505-393-2144
Date
Telephone No.

OIL CONSERVATION DIVISION
Date Approved NOV 27 1990
By
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.