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

NEW MEXICO OIL CONSERVATION COMM. **JN**
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR

Operator
Amerada Hess Corporation

Address
Drawer "D", Monument, New Mexico 88265

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.M. Lambert	Well No. 6	Pool Name, Including Formation Eunice-Monument (G-SA)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter H	2084	Feet From The North Line and	660	Feet From The East
Line of Section 6	Township 20-S	Range 37-E	N.M.P.M.	County Lea

III. 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 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 2300 - Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 6	Twp. 20	Rge. 37
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number: **PG-424**

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		X		XX
Date Spudded WORKOVER 4-14-75	Date Compl. Ready to Prod. 4-17-75	Total Depth 5711'	P.B.T.D. 3799'					
Elevations (DF, RKB, RT, GR, etc.) 3573' DF	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 3581'	Tubing Depth 3524'					
Perforations 2 Shots at: 3590' 3604'	3606' 3610' 3621'	3629' 3636'	Depth Casing Shoe 5650'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		258'		200 SX.			
12-1/4"	9-5/8"		2305'		1500 SX.			
8-3/4"	7"		5650'		500 EX.			

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 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 1209 MCF	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate - -
Testing Method (pitot, back pr.) back press.	Tubing Pressure (shut-in) 300#	Casing Pressure (shut-in) -	Choke Size 28/64"

VI. 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.

[Signature]
Supr., Admin. Services

4-22-75

(Date)

OIL CONSERVATION COMMISSION
JUN 30 1975
APPROVED _____, 19____
BY *[Signature]*
TITLE _____

This form is to be filed 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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply