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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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-1
Effective 1-1-85

I. Operator
Amerada Hess Corporation
Address
Drawer D, Monument, New Mexico 88265

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

Other (Please explain): **Effective 5-1-82**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "F"	Well No. 5	Pool Name, including Formation Monument Abo	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N	785	Feet From The South	Line and 1980	Feet From The West
Line of Section 36	Township 19-S	Range 36-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	M 36 19-S 36-E Yes 6-1-78

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

IV. COMPLETION DATA

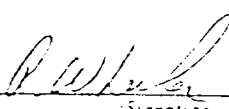
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Entry	Diff. Recv.
(X)								
Date Installed	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.					
Elevation (P.A.S., S.T., G.A., etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
Perforations	Depth Casing Space							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL SEEP (Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Test Method (Flow, Pump, Gas Lift, etc.)	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Testing Method (Shut-in, Back-pull)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (Shut-in, Back-pull)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


 Production Clerk
 (Title)
 April 5, 1982
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 8 1982**, 1982

BY **Orig. Signed by Les Clements**
 TITLE **Oil & Gas Insp.**

This form is to be filed in compliance with RULE 1101.
 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.