NO. OF COPIES REC	HO. OF COPIES RECEIVED								
DISTRIBUTIO	ON								
SANTA FE									
FILE									
U.S.G.S.									
LAND OFFICE	AND OFFICE								
IRANSPORTER	OIL								
THAILST GITTER	GAS								
OPERATOR									
PRORATION OF	ICE								

	DISTRIBUTION SANTA FE	N			NE			FOR ALL	NSERVATION COMMISSION FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								-1-03				
	U.S.G.S.		+	AUTH	IORIZ	ATIO	ON TO TRA	ANSPORT	OIL AND I	NATURAL (GAS				
	LAND OFFICE	OIL	+												
	TRANSPORTER	GAS	+												
	OPERATOR	3,3	+												
	PRORATION OFF	ICE	+												
	Operator					-									
		Amerad	a Hes	ss Corpo	rati	on									
	Address													<u>-</u>	
					nt,	New	Mexico (
	Reason(s) for filing (Check prop	er box)					ľ	Other (Please	explain)					
	New Well	픡		Change	in Tran	nsporte				÷					
	Recompletion	믁		O11		H	Dry G								
	Change in Ownership			Casingl	edd Gd	<u> </u>	Conde	uagre		<u> </u>					
	If change of ownersh	ip give na	ame												
	and address of previ	ous owner	·——												
1	DESCRIPTION OF	WELL.	AND I	EASE											
	Lease Name	WEDE ?	1,10 L	Well No	Pool	Name	, Including F	ormation		Kind of Leas	•			Lease No.	
	State "T"			8	Eu	nice	-Monume	nt (G-SA)	State, Federa	ıl or Fee	State		B1431	
	Location					····									
	Unit Letter	K ;_	1650	Feet F	rom The	•	South Lin	ne and	2310	Feet From	The	West			
	Line of Section	25	Town	nship 7	9 - S		Range	36 - E	, NMPM	, Le	<u>a</u>			County	
_															
I.	DESIGNATION OF	TRANS	of Oil	ER OF OI	Conden				ive address i	o which appro	ved copy	of this form	is to be	sent)	
	Texas-New M					•		1		and, Tex		* * * * * * * * * * * * * * * * * * * *			
	Name of Authorized T		_			-	Gas					copy of this form is to be sent)			
	Warren Petroleum Corporation						Monumer	nt. New	Mexico 8	8265					
	If well produces oil or	r Hautda.		Unit Se	c.	Twp.	P.ge.		ally connecte						
	give location of tanks		i	K !	25	1 9 S	36E	1	Yes	1	7-	27 -7 3			
	If this production is	commingle	ed with	that from	any oth	ner les	ase or pool,	give commi	ngling order	number:					
	COMPLETION DA														
	Designate Type	e of Com	oletion		Oil We	v	Gas Well	New Well	Workover	Deepen	Plug Bo	ick Same I	Res'v. '	Diff. Res'v.	
				Date Compl.			1			1	P.B.T.I		i		
	Date Spudded 5-16-73			7-27-7		to Pro	oa.	Total Depti	n 100 •			4061 !			
	Elevations (DF, RKB,			Name of Pro		Forma	tion	Top Oil/Go			Tubing				
	3667' G.L.	, ,, ,, ,, ,		Graybu				1	9961		_	39271			
	Perforations			ura, va	<u> </u>	MI A	11/41/00		770		Depth C	Casing Shoe			
	3996' to 4018'								410	41001					
TUBING, CASING, AND								CEMENTING RECORD							
	HOLE SIZE CASING & TUBING SIZE							DEPTH SE	T		SACKS CEMENT				
	12-1/4"			9-5/8	11				1481			5503x.			
	8-3/4"			2"					7001	 	 	550Sx.			
	6-1/4"			5" <u>Li</u> 2-3/8	ner				to 4100 919'	1		250 sx			
- 1									·		<u> </u>				
٧.	TEST DATA AND OIL WELL	REQUE	ST FO	R ALLOW	ABLE	(Te		fter recovery pth or be for		me of load oil	and must	be equal to c	or exce	ed top allow-	
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)														
i	7-27-73			7-30	0-73			Pum	0						
	Length of Test	···		Tubing Pres				Casing Pre	ssure		Choke S	lize			
	24 Hrs.				_										
	Actual Prod. During T	`est		Oil - Bbis.				Water - Bble			Gas - M				
	40 Bbls.								49 Bbls.						
1	GAS WELL Actual Prod. Test-MO	CE /D	Т	Length of Te				Bhie, Cond	ensate/MMCF		Gravity	of Condense			
	Actual Float 1 est-191	0175		Condition 14				Daise Cons			Giaviny	OI COMMENTE	-14		
	Testing Method (pitot	, back pr.)		Tubing Pres	suro (g	hut-1	1	Casing Pres	saure (Shut-	in)	Choke 5				
			1	•					•	•					
	CEPTIFICATE OF	COMPI	IANC	e					OIL C	ONSERVA	TION	CAMMISSI	ON		
••	I. CERTIFICATE OF COMPLIANCE								γ	011321107		, ,			
I hereby certify that the rules and regulations of the Oil Conservation						APPROVED, 19									
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.														
								TITLE STOPEN SOF SOF							
								This form is to be filed in compliance with RULE 1104.							
	Mollach							If this is a request for allowable for a newly drilled or deepened							
	(Signature)						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
	Supver., Admin. Services						All sections of this form must be filled out completely for allow-								
	(Title)						able on new and recompleted wells.								
	7–31–73 (Date)						Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.								
							Separate Forms C-104 must be filed for each pool in multiply								
								complete					'	• •	

CLINATION REPORT

State T No. 8 Well

OPERATOR: Amerada Hess Corporation

P. O. Box 2040

Tulsa, Oklahoma 74102

LEASE NAME & NO: State T No. 8 Well

LOCATION: Sec. 36-19S-36E and Sec. 25-19S-36E,

Lea County, New Mexico

INCLINATION
1/2 1 1/4 1/2 3/4 1/2 3/4 2 1/4 1 3/4 1 1/2
1 1/4 1 1/2 1 1/2 3/4

I, E. P. Leatherwood, President of Leatherwood Drilling Company, being first duly sworn, on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.

E. P. Leatherwood

SUBSCRIBED AND SWORN TO before me this 9th day of June, 1973.

Notary Public, Winkler County TEXAS