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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-105  
 Effective 1-1-65

Operator  
 Amerada Hess Corporation

Address  
 P. O. Box 591, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name State D "B"	Well No. 1	Pool Name, Including Formation Tubb Gas	Kind of Lease State	Lease No. B85
Location Unit Letter <u>F</u> ; <u>1880'</u> Feet From The <u>North</u> Line and <u>2080'</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>21-S</u> Range <u>37-E</u> , 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 Pipeline 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"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1351-Midland, Texas 79701
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>32</u> Twp. <u>21-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When _____

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Reopen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
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, pumps, 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/MMCF	Gravity of Condensate
Testing Method (pilot, 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. ...*  
 (Signature)  
 PRODUCTION RECORDS SUPERVISOR  
 (Title)

OIL CONSERVATION COMMISSION  
**AUG 18 1971**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *John W. Runyan*  
 Geologist  
 TITLE \_\_\_\_\_

This form is to be filled in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for filing.

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OIL CONSERVATION COMM.  
HOBBS, N. M.