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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-114
Effective 1-1-65

I. OPERATOR

Operator: Amerada Hess Corporation

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

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

Other (Please explain): **CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. T. Caudle</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Bagley Pennsylvanian</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC060581</u>
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Location:
 Unit Letter H; 660' Feet From The North Line and 660' Feet From The East
 Line of Section 10 Township 12-S Range 33-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"/> <u>Amoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>3411 Knoxville, Lubbock, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, Oklahoma 74102</u>

If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>10</u>	Twp. <u>12-S</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>Yes</u>	When
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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.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

J. H. Driver
(Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19____

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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 to be considered for transport.

10-12-71

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AUG 1 1971

OIL CONSERVATION COMM.
HOBBS, N. M.