

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

PROPERTY OWNER	
LESSOR	
DEED	
DEED	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

I. 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 State "D"	Well No. 4	Pool Name, including Formation Hobbs-Grayburg-San Andres	Kind of Lease State, Federal or Fee State	Lease No. A-1460
-------------------------	---------------	---	---	---------------------

Location
 Unit Letter C, 330' Feet From The North Line and 2310' Feet From The West
 Line of Section 29 Township 18-S Range 38-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"/> ARCO	Address (Give address to which approved copy of this form is to be sent) Box 1978, Roswell, New Mexico 88201			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 29	Twp. 18-S	Rge. 38-E
	Is gas actually connected? When Yes			

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	Exposed	Plug Back	Same Res't.	D.H.L. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, REB, 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 (Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Flow-Off)	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.

[Signature]
 PROPERTY SUPERVISOR

OIL CONSERVATION COMMISSION
 APPROVED AUG 19 1971
 BY *[Signature]* Geologist
 TITLE

This form is to be filed in compliance with N.M.C. 1106.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a description of the deviating tests taken on the well in accordance with N.M.C. 111.
 All sections of this form must be filled out completely for all wells.

RECEIVED

AUG 11 1971

OIL CONSERVATION COMM.
HOBBS, N. M.