

DISTRIBUTION		
SANTA FE		
FILE		
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-110
Effective 1-1-65

Operator Amerada Hess Corporation	
Address Drawer D, Monument, New Mexico 88265	
Reason(s) for Filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

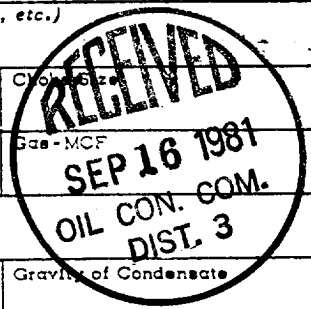
II. DESCRIPTION OF WELL AND LEASE				
Lease Name J. Apache "I"	Well No. 9	Page Name Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter J	1650	Feet From The South	Line and 1650	Feet From The East
Line of Section 1	Township 23N	Range 3W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EI Paso Natural Gas Company	Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Pge.
		Is gas actually connected? No

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.
		X	X					
Date Spudded 6-1-81	Date Compl. Ready to Prod. 8-28-81	Total Depth 3213'	P.B.T.D. 3201'					
Elevations (DF, RKB, RT, GR, etc.) 7231' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3078'	Tubing Depth -					
Perforations 3080' to 3116'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	7-5/8"	379'	220 sks.					
6-3/4"	2-7/8"	3211'	719 sks.					

V. 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, 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 872 MCFPD	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 600#	Choke Size 14-64"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED NOV 4 - 1981	
 Supv. Adm. Ser. (Signature)		BY Original Signed by FRANK T. CHAVEZ	
9-14-81 (Date)		SUPERVISOR DISTRICT # 3	
		TITLE	
		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 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.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	