

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
Amerada Hess Corporation

Address
Drawer D, Monument, New Mexico 88265

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. Apache "D"	Well No. 3	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fed Federal	Lease No.
Location Unit Letter A : 990 Feet From The No. Line and 1050 Feet From The East Line of Section 1 Township 23N Range 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When 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. ☐		
Date Spudded 3-30-82	Date Compl. Ready to Prod. 8-18-82	Total Depth 2526	P.B.T.D.
Elevations (DF, RAB, RT, CR, etc.) 6785' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2423'	Tubing Depth 2434'
Perforations Open Hole 2423' to 2526'			Depth Casing Shoe 2423'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	275	200
7-7/8"	5-1/2"	2423	500
	2	2434	

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 80	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 300	Casing Pressure (Shut-in) 300	Choke Size 19/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. J. Fisher
(Signature)

Subv. Adm. Ser.

(Title)

8-30-82

(Date)

OIL CONSERVATION DIVISION

9-29-82 SEP 29 1982
APPROVED
Original Signed by CHARLES G. OLSON
BY
DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiple completed wells.