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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-102 and C-110  
Effective 1-1-65

70 MAR 30 AM 8 5

|   |  |
|---|--|
| Operator<br>Amerada Division - Amerada Hess Corporation |  |
| Address<br>Box 591, Midland, Texas 79701                |  |
| Reason(s) for filing (Check proper box)                 |  |
| New Well <input 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 checked="" type="checkbox"/> |
| Other (Please explain)                                  |  |

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

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                                   |
|---|---------------|--|--|-----------------------------------|
| Lease Name<br>Jicarilla Apache "A"  | Well No.<br>3 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>Cont. #10<br>Tr. #10 |
| Location  |               |  |  |                                   |
| Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> |               |  |  |                                   |
| Line of Section <u>23</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County              |               |  |  |                                   |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |
|---|---|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 108 - Farmington, New Mexico |            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>EPN Co.          | Address (Give address to which approved copy of this form is to be sent)  |            |
| If well produces oil or liquids, give location of tanks.  | Unit<br>N   | Sec.<br>23 |
|   | Twp.<br>25N   | Rge.<br>5W |
|   | Is gas actually connected? When   |            |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. 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                         | 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 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 (Shut-in) | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | 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            |

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)

OIL CONSERVATION COMMISSION

MAR 31 1970

APPROVED \_\_\_\_\_, 10

Original Signed by Emery C. Arnold

BY \_\_\_\_\_ SUPERVISOR DIST. #8

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a well with 4 or less acres, the well must be producing 100 bbls. or more of oil or gas per acre per month on the well to be authorized with 100 bbls. or more.