

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

I.

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 "B"	Well No. 17	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. 611
Location				
Unit Letter <u>B</u>	<u>880'</u>	Feet From The <u>North</u> Line and <u>1850'</u>	Feet From The <u>East</u>	
Line of Section <u>20</u>	T. <u>24N</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 ☐ 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.
			X	X					
Date Spudded 4-6-82	Date Compl. Ready to Prod. 9-23-82 10-13-82	Total Depth 2365'		P.B.T.D. 2306'					
Elevations (DF, RAB, RT, GR, etc.) 6551' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2180'		Tubing Depth 2238'					
Perforations OH 2215-2306'		Depth Casing Shoe 2215'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	268'		200					
7-7/8"	5-1/2"	2215'		575					
	1 1/2	2238							

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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 499	Length of Test 24 hr	Bbls. Condensate/MCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 190	Casing Pressure (Shut-in) 190	Choke Size 18/84"

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.

Supv. Admin. Services

10-29-82

OIL CONSERVATION DIVISION

APPROVED

NOV 1982

Original Signed by FRANK T. CHAVEZ

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.