

NO. OF COPIES RECEIVED		
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-
Effective 1-1-65

Operator Amerada Hess Corporation		
Address P.O. Box 591, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Recompletion ☐		
Change in Ownership ☐		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren McKee Unit	Well No. 112	Pool Name, including Formation Warren McKee	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter F ; 1980 Feet From The North Line and 2310 Feet From The West Line of Section 18 Township 20S Range 38E Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 2642, Houston, Texas	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Pot Corp. Amerada Hess Corporation	Address (Give address to which approved copy of this form is to be sent) Box 67, Roswell, New Mexico P.O. Box 591, Midland, Texas	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 18
	Twp. 20S	Range 38E
	Is gas actually consigned? 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	Yieldover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, GR, 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 initial volume of fluid 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Bbls-in)	Casing Pressure (24hr. 18)	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.

PRODUCTION OPERATIONS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 1971

BY _____
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 1111.

All portions of this form must be filled out completely for allowable to be determined.

11/1/70

RECEIVED

AUG 12 1971

OIL CONSERVATION BOARD
WASHINGTON, D.C.