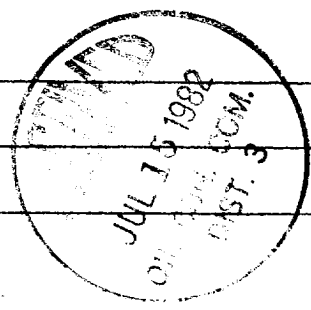


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL
TRANSPORTER	GAS
OPERATOR	
PRODUCTION OFFICE	



Amerada Hess Corporation

Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well	☐
Recompletion	☒
Change in Ownership	☐

Change in Transporter of:

Oil	☐
Casinghead Gas	☐

Other (Please explain)

Dry Gas	☒
Condensate	☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name J. Apache "A"	Well No. 5	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Foreign Federal	Lease No. NM1419
Location Unit Letter <u>P</u> : <u>880</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>25N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

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)
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, Texas 79999</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>No</u>

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

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 5-14-56	Date Compl. Ready to Prod. 7-6-82	Total Depth 7743'	P.B.T.D. 4830'					
Stratigraphic (DF, RAB, RT, GR, etc.) 7701' DF 6992 GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 4000	Tubing Depth 3999'					
Perforations 4306' to 4028'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	227'	125 sks
7-7/8"	5-1/2"	6650'	150 sks

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 95 MCF/D	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (flow, back pr.) Back Press.	Tubing Pressure (Shut-in) 700#	Casing Pressure (Shut-in) 700#	Choke Size 48/64"

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)
Supv. Administrative Services
(Title)
7-13-82
(Date)

OIL CONSERVATION DIVISION

JUL 15 1982

APPROVED _____, 19____
By Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.