i	HO, OF COPIES RECEIVED &			/				
ł	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104					
ł	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11				
Ĭ	LE	REQUEST		Effective 1-1-65				
ŀ	_ 1		AND					
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS					
	LAND OFFICE							
	TRANSPORTER GAS							
	OPERATOR /		•					
,	PRORATION OFFICE		·					
1.	Operator							
	Amerada Hess Corporation							
	Dravior 11 Dit - Mo	nument, New Mexico 8826	5					
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well	Change in Transporter of:		•				
		Oil T. Dry G	as X					
	Recompletion	Casinghead Gas Conde		or D_5138\				
	Change In Ownership	Casinghead Gas Conde	made Committigled (See Old	er K-3138)				
	If change of ownership give name and address of previous owner			·				
11.	DESCRIPTION OF WELL AND	Well No.: Pool Name, Including S	Cormation Kind of Lease	· Lease No.				
	Lease Name		State Federal or	Fee D. 11 01501/				
	McKenzie Federal	1 Gallup/Dako	ta	Federal 015014				
	Location		000	174				
	Unit Letter / M ; 99	O Feet From The South Li	ne and 890 Feet From The	West				
	Line of Section 25 Township 25N Range 6W NMPM, Rio Arriba County							
H.	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)							
	Plateau, Inc.		Box 108 - Farmingtom, New	Mexico				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approved Box 2040 - Tulsa, Oklahom	copy of this form is to be sent)				
	Purchaser: Cas Company of New Mexico 1st International Bldg Dallas, Texas							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	,				
	give location of tanks.	! N	Yes					
	If this production is commingled with that from any other lease or pool, give commingling order number: R-5138							
IV	COMPLETION DATA	in that from any other reads or pos-						
		Oil Well Gas Well	New Well Workover Deepen P.	lug Back Same Restv. Diff. Restv.				
	Designate Type of Completic	on - (X) X	; X ;	1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P	.B.T.D.				
			7140'	7050'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		ubing Depth				
		Gallup/Dakota	5954'	6970'				
	Perforations Co.11 505/. 6	<u> </u>		epth Casing Shoe				
	Perforations Gallup - 5954-6038 Dakota - 6907-16, 6936-74, 7000-08							
	TUBING, CASING, AND CEMENTING RECORD							
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TOBING SIZE						
		<u> </u>						
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able 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, e	, Yes				
		10/25/76	Gas Lift	1				
	Length of Test	Tubing Pressure .	Casing Pressure	Choka Start - DIST. 3				
	24 Hrs.	60#						
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas - MCF				
		3	2 (Load)	174				
	<u></u>	<u> </u>						

11% Gallup

GAS WELL 89% Dakota

Actual Prod. Test-MCF/D

174

Testing Method (pitot, back pr.)

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Cosing Pressure (Shut-in)

Cosing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

Pitot

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.

H.O. Porter	
(Signature)	
Admin.Serv.Supv.	
(Title)	
November 1, 1976	
(Date)	

OIL CONSERVATION COMMISSION

APP	ROVED NOV	1070	, 19
BY_	Original Signed	by A R.	- Kanda i ()
	_ SUFLETISOR DI	ST. #	

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 multiply completed wells.