

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

1. OPERATOR
Amerada Hess Corporation

Address
Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐	Other (Please explain) <u>Effective 11-1-83</u>
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☐		

If change of ownership give name
and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McKenzie-Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota/Otero Gallup</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>015014</u>
Location				
Unit Letter <u>M</u>	<u>990</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>West</u>			
Line of Section <u>25</u>	Township <u>25N</u>	Range <u>6W</u>	N.M.P.M. <u>Rio Arriba</u>	County

3. 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) <u>Giant Refining Company</u> <u>Box 256, Farmington, N.M. 87401</u>	
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>Amerada Hess Corp.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>25</u>
	Twp. <u>25N</u>	Rge. <u>6W</u>
	Is gas actually connected? <u>Yes</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: R-5138

4. 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, 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

5. 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.) <u>IV.</u>	
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. 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.

EB Zwick
(Signature)
Supv. Adm. Ser.
(Title)
10-24-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1094.

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 Form C-104 must be filed for each pool in multiple completion wells.