

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-104A
 Effective 1-1-83

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U.S.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Amerada Hess Corporation
 Address
Drawer D, Monument, New Mexico 88265
 Reasons for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain)
Effective 5-1-82
 If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Gill Deep** Well No. **3** Pool Name, including Formation **Drinkard** Kind of Lease **Fee** Lease No.
 Location
 Unit Corner **N 700** Feet From The **South** Line and **1889** Feet From The **West**
 Line or Section **31** Township **21 S.** Range **37 E.** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate **SCURLOCK PERMIAN CORP EFF 9-1-91**
The Permian Corporation Form No. (E.H. 9/1/87) Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, Texas 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Getty Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1351, Midland, Texas 79701
 If well contains oil or vapors, give location of tanks. Unit **M** Sec. **31** Twp. **21S** Rge. **37E** Is gas actually connected? **Yes** When **11-24-75**

IV. COMPLETION DATA
 If this production is commingled with that from any other lease or pool, give commingling order number:
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same as last time
 Date of report Date Compl. Ready to Prod. Total Depth P.S.T.D.
 Elevation (P.S.A., P.S., etc.) Name of Producing Formation Test Oil Gas Bay Tubing Depth
 Performance 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 total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours.)
 Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Flowing Pressure Casing Pressure Choke Size
 Actual Shut-in Pressure Oil-Boils Water-Boils Gas-WOF
GAS WELL
 Actual Shut-in Pressure Length of Test Boils, Condensate/WOF Gravity of Condensate
 Testing Method (piston, back-pv) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.
 Signature
Production Clerk
 (Title)
April 5, 1982
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **APR 6 1982** 19
 BY **Les Clements**
 TITLE **Oil & Gas Insp.**
 This form is to be filed in compliance with RULE 1160.
 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.