

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
DISTRICT	
SANTA FE FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Amerada Hess Corporation

Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well       Change in Transporter of: Oil       Dry Gas

Recompletion       Casinghead Gas       Condensate

Change in Ownership

Other (Please explain)  
Request 350 barrel testing allowable to be moved by Permian Corp. Also request permission to temporarily surface commingle with Drinkard and Abo production produced while testing. **30 days**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>B. M. Marcus</b>	Well No. <b>2</b>	Pool Name, including Formation <b>UNDESIGNATED West Warren</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>20</b> Township <b>20-S</b> Range <b>38-E</b> , NMPM. <b>Lea</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>No</b>	

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

COMPLETION DATA

Designate Type of Completion - <input checked="" type="checkbox"/>	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

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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.B. Fisher*  
(Signature)

Supervisor Administrative Services  
(Title)

2-25-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 25 1983**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT I SUPERVISOR**

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.