

C. CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator Amerada Hess Corporation

Address Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 Request 200 barrel testing allowable to be moved by Permian Corp. Also request permission to temporarily surface commingle with Tubb and Abu production produced while testing. *(30 days)*

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

DESCRIPTION OF WELL AND LEASE

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>The Permian Corporation</u>	<u>Box 3119, Midland, Texas 79702</u>					
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
					<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 - <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/MMCF	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
FEB 25 1983

APPROVED _____, 19____
 BY **JERRY SEXTON**
 DISTRICT I SUPERVISOR

TITLE _____

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.