STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	t IV 60	1	ł
DISTRIBUTI	Dee		
SANTA FE			
FILE			
V.8.0			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						
Amerada Hess Corporatio	<u>n</u>	······································	•	, 		
Address						
Drawer D, Monument, New	Mexico 88265					
Reason(s) for filing (Check proper box)		Other (Please explain)				
New Vell	Change in Transporter o	d:	· ·			
Recompletion	K 011	Dry Gas				
Change in Ownership	Casingheed Gas Condensate Effective May 17, 1988				8	
If change of ownership give name and address of previous owner II, DESCRIPTION OF WELL AND	I E A SD				· · · · · · · · · · · · · · · · · · ·	
Lease Name		cluding Formation		(ind of Lease	Lease N	
Homestake Royalty 10	1 Northeast Lovington Penn		-	State, Federal or Fee Fee		
Location		·		re	<u> </u>	
	Feet From The Sout	Line and	2300	Feet From TheEa	st	
Line of Section 10 Towns	165 F	Range 37E	, ММРМ,	Lea	Count	
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of Oil			(Give address to	which approved copy of s	his form is to be sent)	
Texas New Mexico Pipeli	ne .	Bo	х 2528. Но	bbs, New Mexico	88240	
Name of Authorized Transporter of Casin	ghead Gas \Lambda 🛛 or Dry Ga	Address	(Give address to	which approved copy of t	his form is to be sent)	
Warren Petroleum Compan	y	Bo	х 1589. Ти	lsa. Oklahoma	74101	
If well produces oil of liquids,	Jnit Sec. Twp.	Rge. Is gas a	ctually connected	7 When		
give location of tanks.	B 9 16S	<u>: 37E</u>	Yes	3-3-	86	

If this production is commingled with that from any other lease or pool, give commingling order number CTB-318

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signalug)

Supr. Adm. Svc.

(Thie) 5-17-88

(Date)

	CON M	NSERVA A AY 1		TION DIVISIO 9 1988		ISION	
ROVED ORIG						SEXTON	19

DISTRICT I SUPERVISOR

TITLE

APP

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult campieted wells.

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