Submit 5 Copies	
Submit 5 Copies Appropriate District Office DISTRICT 1	
DISTRICT	
P.O. Box 1980, Hobbs, NM	11240

-+

DISTRICT II P.O. Drawer DD, Anada, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Form C-164 Revised 1-1-89 See Instructions at Bottom of Pag

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Vell Al	No.			
Amerada Hess Corpora	tion							30-025-00047				
Address Drawer D, Monument,	New Me	exico		<u></u>			&					
Reason(s) for Filing (Check proper box)				······	Othe	t (Please expla	ún)					
New Well L		Change in			Eff	ective 10	0-1-9	92.	Change	fr. pi	peline	
Recompletion	OU		Dry (trucking			onunge	··· pi	perme	
Change in Operator	Casinghes		Cond	canale	·							
I change of operator give same and address of previous operator												
IL DESCRIPTION OF WELL A	ND LE					<u></u>						
Lease Name	Well No. Pool Name, Includi			-				Lease Sederal or Fo		asse No.		
C. W. Robinson "A"		1	M	<u>oore Perr</u>	<u>no Penn</u>		!`					
Unit Letter P	6	560	. Foot	From The	outh Lin	and660		Fee	t From The	East	Line	
Section 14 Township	115	5	Rans	• 32E	. N	APM,			ea		County	
III. DESIGNATION OF TRANS				Ľ					<u> </u>			
Name of Authorized Transporter of Oil		or Conder				e address to wh	lich app	roved	copy of this	form is to be s	ent)	
Amoco Pipeline ICT						West Av			• • •			
Name of Authorized Transporter of Casing	head Gas	<u> </u>	or D	ry Ges [Y]		e address to wh						
Warren Petroleum Com						Box 1589	••					
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge.		y connected?	· · · · · · · · · · · · · · · · · · ·	When				
give location of tanks.	i P i	14		15 32E	Yes	-	Í		4-29-1	8		
If this production is commingled with that f	rom any oil	her lease or	pool,	give commingli	ing order sum	ber:			· ····································			
IV. COMPLETION DATA Designate Type of Completion		Oil Wei	i j	Gas Well	New Well	Workover	Dee	pea	Plug Baci	Same Res'v	Diff Res'v	
Date Spudded		ipi. Ready i	o Prod		Total Depth	I	I		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Dupth			
Perforations								Depth Caring Shoe				
renorations												
					CEMENTI	NG RECOR			- <u>+</u> .			
HOLE SIZE	<u>C/</u>	SING & T	UBIN	G SIZE	 	DEPTH SET	<u> </u>			SACKS CE	MENT	
	<u> </u>				 	·					<u></u>	
	<u> </u>			· · · · · · · · · · · · · · · · · · ·					·{			
	+				 				·			
V. TEST DATA AND REQUES OIL WELL (Test must be after r					L			(an thi			are)	
Date First New Oil Run To Tank	Date of T					lethod (Flow, p						
Length of Test	Tubing Pressure			Casing Pressure				Choke Si le				
Actual Prod. During Test	Oil - Bbli				Waler - Bbl				Gas- MC			
											·	
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Cond	assie/MMCF			Gravity e	Condensus		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke S ze			
VI. OPERATOR CERTIFIC				-	-1	OIL CO		: 0\/		פועות ו		
I hereby certify that the rules and regu Division have been complied with and	that the isl	formation g	iven ni				NOL					
is true and complete to the best of my	knowledge	and belief.			Dat	e Approv	ed _		<u> </u>	30'92	<u> </u>	
K. Ellhuler &					By	OXIGIN.	<u>ai sig</u>	MED	84 1 <u>50 7</u> .	SEXTON		
R. L. Wheeler, Jr. Printed Name	S	upv. Ad	dm. Ti	- Contraction of the local data in the local dat						28		
<u>9-28-92</u>	5	05 393- T	-214			θ	·			<u> </u>		
					_!!							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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