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

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-110
Effective 1-1-85

Operator Amerada Hess Corporation		
Address Drawer "D" - Monument, New Mexico 88265		
Reason(s) for filing (Check proper box)		Other (Please explain) GAS MUST NOT BE 10/5/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B" "D" Comm A	Well No. 1	Pool Name, Including Formation Bagley, Siluro-Dev.	Kind of Lease State, Federal or Fee	State	Lease No. E-1811-3
Location Unit Letter 0 ; 660 Feet From The South Line and 1900 Feet From The East Line of Section 35 Township 11-S Range 33-E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 2300 Cont'l Nat'l Bank Bldg. Fort Worth, Tex 76102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589 - Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 35	Twp. 11S	Rge. 33E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-1-74	Date Compl. Ready to Prod. 8-5-74		Total Depth 10,695'		P.B.T.D. 10,680'			
Elevations (DF, RKB, RT, GR, etc.) 4235' GR	Name of Producing Formation Siluro-Devonian		Top Oil/Gas Pay 10,620'		Tubing Depth 10,647'			
Perforations 10,620' to 10,642' and 10,650' to 10,672'					Depth Casing Shoe 10,693'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		360'		400			
12 1/2"	9 5/8"		3815'		1300			
8 3/4"	5 1/2"		10,693'		1000			

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 exceed top allowable for this depth or be for full 24 hours)

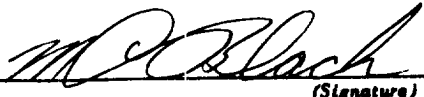
Date First New Oil Run To Tanks 8-5-74	Date of Test 8-11-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 30#	Casing Pressure --	Choke Size 20/64"
Actual Prod. During Test 312 bbls.	Oil-Bbls. 312	Water-Bbls. 0	Gas-MCF 20


GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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)
Supervisor, Administrative Services
(Title)
August 12, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED  , 19
BY
TITLE SUPERVISOR DISTRICT I

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 Form C-104 must be filed for each well in multiply