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	GAS		
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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-11

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Amerada Hess Corporation P. O. Box 591, Midland, Texas 79701
Reason(s) for foling (Check proper box) Other (Please explain) CHANGE NAME FROM Change in Transporter of: AMERADA DIV AMERADA HESS CORPORATION Recompletion 011 Dry Gas TO: AMERADA HESS CORPORATION Change in Ow ership Casinohead Gas Condensate EFFECTIVE AUG. 1, 1971 If change o, ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Name Lease No. State, Federal or Fee State B T "B" | Hightower Permo Penn State BJ.0706 Location ; 660 Feet From The North Line and 660 Unit Letter Feet From The Line of Section 26 Township 12-S Range 33\_E , NMPM, County Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville, Lubbock, Texas 79413

Address (Give address to which approved copy of this form is to be sent)

Box 1589, Tulsa, Oklahoma 74102

Box 591, Midland, Texas 79701

Is 323 actually connected? When Name of Authorized Transporter of Casinghead Gas Carren Petroleum Corporation Amerada Hess Corporation or Dry Gas 🔀 Sec. Unit Twp. P.ge. If well produces oil or liquids, D ! 26 112-S : 33-E give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Water-Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE AUG 1 6 1971 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given and complete to the best of my knowledge This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation PRODUCTION RECORDS SUPERVISOR tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-(Title)

RECEIVED

OIL CONSERVATION COMM.
HOBBS, N. M.