NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE u.s.g.s LAND OFFICE OIL TRANSPORTER GAS OPERATOR

Supersedes Old C-104 and C-110 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE C.C.C. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS NAME CHANGE PRORATION OFFICE A POSOLEUM COPR. Operator TO WMERADA HESS CORP. Amerada Petroleum Corporation EFFECTIVE July 1, 1969 Address P.O. Bex 568 - Hebbs, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain) To change name from State S "B" #2 eff. New Well Change in Transporter of: 12-1-66. Ref. HMOCC Order No. B-3143. Cil Recompletion Dry Gas Casinghead Gas Change in Ownership Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No.: Pool Name, Including Formation State S "N" Unit B-2118 2 Saunders Permo-Penn. State Location 660 1980 North West Unit Letter Line and Feet From The Feet From The 3 153 33E Lea Township Range III. <u>DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</u> Address (Give address to which approved copy of this form is to be sent) Service Pipe Line Company Box 337 - Midland, Texas Address (Give address to which approved copy of this form is to be sent)

Box 1589 — Tulsa 2 , Oklahema

Tatun, Non Mexico

Sens actually connected?

When orized Transporter of Casinghead Gas **A Extrem Petroleum Corp Merada Petroleum Corp** Rge. If well produces oil or liquids, 3 C 158 33E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Gas Well New Well Workover Deepen Plug Back Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 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 Length of Test Tubing Pressure Casing Pressure Water - Bbls. Gas - MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure Casing Pressure Choke Size Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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.

B > 8.	
(Signature)	

Di (Title)

November 29, 1966

(Date)

APPROVED_		UE (- 1964	19
ВУ	f			
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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

MOBILE OF FICE 0. C. C.

Nov 30 3 35 PM '66

