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	SANTA FE			
1	FILE			
	U.S.G.S.			
-	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			_

SANTA FE	REQUEST	FOR ALL OFFICE O. C. C.	Supersedes Old C-104 and C-11			
FILE		AND	Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND MATURAL	GAS			
LAND OFFICE		96 Hi 98 C acres				
TRANSPORTER OIL						
OPERATOR	<u> </u>					
PRORATION OFFICE	-	NAME	CHANGE			
Operator		AMERA	DA PETROLEUM COPR.			
Amerada Petrol	Loun Corporation	TO AM.	ERADA HESS NORP			
Address			1√E Juiv 3, 1989			
P.O. Box 668 -	P.O. Box 668 - Hebbs, New Mexico					
Reason(s) for filing (Check proper bo	(x)	Other (Please explain)				
New Well	Change ir. Transporter of:		from State S "B" #5 off.			
Recompletion	Oil Dry Ga		EMOCC Order No. R-3143.			
Change in Ownership	Casinghead Gas Conder	nsate				
If change of ownership give name						
and address of previous owner						
H. DEGGDINGTON OF WELL AND	V D A G D					
II. DESCRIPTION OF WELL AND		me, Including Formation	Kind of Lease			
State S "N" Unit	E-2118 5 Sauna	ders Perme-Penm.	State, Federal or Fee State			
Location						
H 21	20 Feet From The North Lin	ne and 660 Feet From	The Last			
Unit Letter;;	reer rom rne	1 601 1 1011				
Line of Section 3	ownship 158 Range	33E , NMEM,	Les County			
III. <u>DESIGNATION OF TRANSPO</u>	RTER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of O		Address (Give address to which appro				
Service Pipe Line		Bex 337 - Midland, 1	cond conv of this form is to be cent.			
Name of Authorized Transporter of C	gsinghead Gas 🔼 or Dry Gas 🗔	Address (Give address to which appropriate 158) - Tulsa 2,	Calabona			
Amerada Petreleum	Corp.	Roswell Star Route -	- Tatum, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Tes				
						
If this production is commingled w IV. COMPLETION DATA	f this production is commingled with that from any other lease or pool, give commingling order number:					
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
Designate Type of Complet	ion - (X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	_					
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
		<u> </u>				
Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD					
		DEPTH SET	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPIRSE	SACKS CEMENT			
		:				
		1				
V TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	l and must be equal to or exceed top allow			
OIL WELL	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)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	O(I Phila	Water - Bbls.	Gas - MCF			
Actual Prod. During Test	Oil-Bbls.	Wdter - Bbis.	dan mo.			
GAG WELL						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Return Float Four-Wol/D						
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
, , ,						
VI CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		ATION COMMISSION			
VI. CERTIFICATE OF COMPLIA						
I hereby certify that the rules and	I regulations of the Oil Conservation		EC 2 1940 , 19			
Commission have been complied	with and that the information given he best of my knowledge and belief.					
above is true and complete to t	ne best of my knowledge and beiter.					
,			compliance with RULE 1104.			
₽ 55. / 2	B.J. Ling		If this is a request for allowable for a newly drilled or deepened			
		II Inis is a request for allowable for a newly diffical of deepends				

(Signature) District Superintendent

(Date)

Nevember 29, 1966

well, this form must be accompanied by a tabulation of 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.