NO. OF COPIES RECEIVED							
DISTRIBUTION	NE		ONSERVAT	ION COMMISSIC		Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND HOUSS UFFICE D. C. C.					
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE				MUN 20 3	17 <b>11 '</b> 5	6	
TRANSPORTER GAS					-	-	
OPERATOR							
PRORATION OFFICE					NAME CE	IANGE	
Cperator	<u>l</u>					A PETROLEUM COPR.	
Amerada Petrole	in Corperation	2				ADA HESS CORP.	
Address						/E July 1, 1969	
P.O. Box 668 - 1	Hobbs, New Man	rico					
Reason(s) for filing (Check proper b	ox)		1	)ther (Please expli			
New Well	Change in Tro	insporter cf:				State S "B" #11 eff.	
Recompletion	Off	Dry Ga	s L	12-1-66, B	ef. NHOC	C Order No. R-3143.	
Change in Ownership	Casinghead G	as Conden	isate			· · · · · · · · · · · · · · · · · · ·	
						·	
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL ANI	D LEASE	T		Description	V	ind of Lease	
Lease Name	Lease No.	Well No. Pool Nar				ate, Federal or Fee State	
State S "N" Unit	E-2118	11 Saun	ders rei	rmo-Penn.	St	ate, rederal or ree State	
Location	1	w .11	40	<b>6</b> 0			
Unit Letter;	Feet From Ti	he North Lin	e and	<b>50</b> Fe	et From The	<u>Bast</u>	
			008		7		
Line of Section 4 T	ownship 158	Range	33E	, NMPM,	Les	County	
			~				
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AN	D NATURAL GA	S Address (G	ive address to whi	ch approved	copy of this form is to be sent)	
Name of Authorized Transporter of C				37 - Midlan			
		or Dry Gas					
Name of Authorized Transporter of C	un Corp.	or Dry Gds	Box 1	589 - Tulsa	2, Oki	copy of this form is to be sent)	
Amerada Petrol	Unit Sec.	Twp. Ege.	Is gas actu	ally connected?	When	un, New Mexico	
If well produces oil or liquids, give location of tanks,		158 33B	Te	•	1		
					<u> </u>		
If this production is commingled	with that from any of	ther lease or pool,	give commit	ngling order num	Der:		
V. COMPLETION DATA	Oil W	/ell Gas Well	New Well	Workover De	eepen P	lug Back Same Res'v, Diff. Res'v.	
Designate Type of Comple	tion $= (X)$	1	1				
Date Spudded	Date Compl. Read	y to Prod.	Total Depti	h	P	.B.T.D.	
		-	1				
Elevations (DF, RKB, RT, GR, etc.	Name of Producing	g Formation	Top Oil/Go	is Pay	Т	ubing Depth	
	,						
Perforations	l=				D	epth Casing Shoe	
	TUB	ING, CASING, AND	CEMENTI	NG RECORD			
HOLESIZE	CASING &	TUBING SIZE		DEPTH SET		SACKS CEMENT	
		i					
		· ·	ļ			<u></u>	
					ł.,	<u> </u>	
V. TEST DATA AND REQUEST	FOR ALLOWABL	E (Test must be a	fter recovery	of total volume of	load oil and	must be equal to or exceed top allow-	
OIL WELL		able for this de	pth or be jor	Juli 24 hours) Method (Flow, pun	n car lift a	**	
Date First New Oil Run To Tanks	Date of Test		Producing	Method (riow, pun	np, gas iiji, e		
			Oracle a Dag			hoke Size	
Length of Test	Tubing Pressure		Casing Pre	Jasure			
			Water - Bbli			igs - MCF	
Actual Prod. During Test	Oil-Bbls.		water - Bbli	5.			
GAS WELL			Bhle Cond	iensate/MMCF		iravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test		BDIB. CON	lensurey winter			
			Casing Pre			Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pre	issule			
VI. CERTIFICATE OF COMPLIA	NCE			OIL CON	SERVATI	ON COMMISSION	
				V-5			
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.			APPROVED, 19				
			BY APPARTURE PHONE				
Letter in the second complete to	•					ে =	
			TITLE	1.1.1.1.1.1			
0			Thi	s form is to be	filed in com	pliance with RULE 1104.	
B.J. Sime (Sighature)			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.				
							District Superintendent
	(Title)		able on	new and recomp	pleted wells	l.	
Nevenber 29, 1966 (Date)			Fil	1 out only Sect	ions I, II, I	II, and VI for changes of owner, or other such change of condition	
			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
				ed wells.			
			-				