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DISTRIBUTION			
SANTA FE		1	
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U.S.G.S.			
LAND OFFICE		1	Γ-
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	FILE	REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C.				
	U.S.G.S.	ALITHOPIZATION TO T		Effective 1-1-6	5				
	LAND OFFICE	AUTHORIZATION TO T	KANSPURT DIL AND	NATURAL GAS					
	TRANSPORTER OIL GAS								
	OPERATOR								
1	PRORATION OFFICE								
	Operator								
	Amerada Hess	Amerada Hess Corporation							
	P. O. Box 591, Midland, Texas 79701								
	Keason(s) for filing (Check proper b	oox)	Other (Pleas	e explain) CHA	NOE NAME FRO	M			
	New Well Recompletion	Change in Transporter of:	AMERADA DIV. A HESS CORPOR	ATION					
	Change in Ow ership	Oil Dry	Gos densate		EFFECTIVE AUG. 1, 1971				
	If change o, ownership give name			5716	5111 A O O . 11 11	/.L			
	and address of previous owner								
11	DESCRIPTION OF WELL AND	D # FACE							
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease					
	Nona T. Axvig	l Knowles/Dev	onian	States, Federal or Fee	Patent	Lease No.			
	Location			1—	·				
	Unit Letter P ;	660 Feet From The South L	ine and 660*	Feet From The	East				
	Line of Section 34 T	Township 16-S Range	38-E , NMPM	ı		_			
				,	Lea	County			
Ш.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G							
	Amoco	or condensate	Address (Give address)						
	Name of Authorized Transporter of C		3411 Knoxvi Address (Give address t	o which approved copy	of this form is to	9413 be sent)			
	Amerada Hess Corpor		Box 591, Mi	dland. Texas		 ,			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte	d? When					
	If this production is commingted a								
IV.	COMPLETION DATA	vith that from any other lease or pool	, give commingling order	number:		*			
	Designate Type of Complete	ion - (X)	New Well Workover	Deepen Plug B	ack Same Res'v	Diff. Restv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.		<u> </u>			
			Total Depth	P.B.1.	.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth				
	Perforations					·			
		-		Depth	Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEME	NT			
į									
	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a	ifter recovery of total volumepth or be for full 24 hours)	e of Isad oil and must	be equal to or exc	eed top allow-			
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow.						
Ì	Length of Test	Tubing Pressure	Casing Pressure	Choke 5	Size				
ŀ	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas • Mo	<u> </u>				
		·		002-100	C.				
			<u> </u>						
٦	GAS WELL Actual Prod. Test-MCF/D	Length of Teet	Dille Co. I						
		dengin of 1000	Bbls. Condensate/MMCF	Gravity	of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke S	5120				
L									
VI. (CERTIFICATE OF COMPLIAN	CE	OIL CO	ONSERVATION C	COMMISSION				
Ţ	hereby certify that the outer and -	that the rules and regulations of the Oil Conservation		APPROVED 1971 19					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			al Al Ha						
•	wove is time and complete to the	uest or my knowledge and belief.	ВУ	THAM					
	1-11()		TITLE		thiar i				
	(6/1/1), '	This form is to be filled in compliance with RULE 1104.							
_	Sund Sund	If this is a request fax allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation							
		PRODUCTION RECORDS SUPERVISOR			well, this form must be accompanied by a tabulation of the deviation tests taken on the well his accordance with MULE 111.				
***	(Tu		All sections of this form must be filled out completely for allowable on a real of tempological with						

All sections of this form must be filled out completely for allowable on any of tenomolected with

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OIL CONSERVATION COMM.
HOBBS, N. M.