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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator Amerada Division, Amerada Hess Corporation	
Address P. O. Drawer 317, Seminole, Texas 79360	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

CASINGHEAD GAS MUST NOT BE PLACED AFTER 8/1/71

UNLESS AN EXCEPTION TO D-4870 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State WG	Well No. 1	Pool Name, Including Formation West Garrett-Devonian	Kind of Lease State, Federal or Fee State	Lease No. L-1053-1
Location				
Unit Letter 0	660	Feet From The South	Line and 1980'	Feet From The East
Line of Section 31	Township 16S	Range 38E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company-Trucks	B-2 Phillips Bldg. - Odessa, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 16S	Rge. 38E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-26-71	Date Compl. Ready to Prod. 5-5-71		Total Depth 12,825'		F.B.T.D. 12,817'			
Elevations (DF, RKB, RT, GR, etc.) 3749' DF	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,749'		Tubing Depth 10,003'			
Perforations 12,749' to 12,802'					Depth Casing Shoe 12,825'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/8"		433'		400			
11"	8-5/8"		5190'		700			
7-7/8"	5-1/2"		12825'		350			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

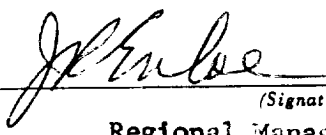
Date First New Oil Run To Tanks 5-21-71	Date of Test 6-13-71	Producing Method (Flow, pump, gas lift, etc.) Hydraulic Pump	
Length of Test 24 Hrs.	Tubing Pressure 2600#	Casing Pressure 25#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 690	Water-Bbls. None	Gas-MCF TSTM

GAS WELL

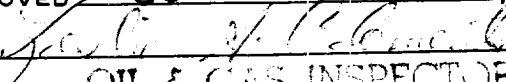
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
J. R. Enloe
Regional Manager
(Title)
June 14, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 17 1971**, 19____
BY 
TITLE **OIL & GAS INSPECTOR**

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.

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JUN 15 1971

ON CONSERVATION COMMISSION
HOBBS, N.M.