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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 <b>Amerada Division, Amerada Hess Corporation</b>			
Address <b>P. O. Drawer 817, Seminole, Texas 79360</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	<b>Request authorization to transport and sell 1500 bbls. oil recovered while completing &amp; testing well for allowable as per rule #504.</b>	
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Phillips Petroleum Company - Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>B-2 Phillips Bldg. - Odessa, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>31</b>
	Twp. <b>16S</b>	Rge. <b>38E</b>
	Is gas actually connected? <b>No</b> 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 Rest'v.	Diff. Rest'v.
Date Spudded <b>2-26-71</b>	Date Compl. Ready to Prod. <b>5-5-71</b>		Total Depth <b>12,825'</b>		P.B.T.D. <b>12,817'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3749 DF</b>	Name of Producing Formation <b>Devonian</b>		Top Oil/Gas Pay <b>12,749'</b>		Tubing Depth			
Perforations <b>12,749' to 12,802'</b>					Depth Casing Shoe <b>12,825'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>433'</b>		<b>400</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>5190'</b>		<b>700</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>12,825'</b>		<b>350</b>			

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

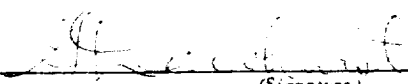
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

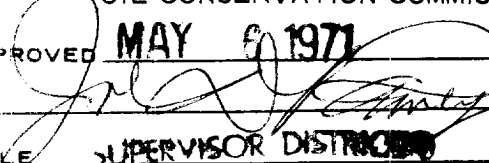
GAS WELL

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.

  
**G. Dewhurst**  
(Signature)  
**Area Superintendent**  
(Title)

OIL CONSERVATION COMMISSION  
APPROVED **MAY 6 1971**, 19  
BY   
TITLE **SUPERVISOR DISTRICT**

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 allow-

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MAY 6 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.