

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Amerada Hess Corporation**

Address  
**Drawer D, Monument, New Mexico 88265**

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
☐ Change in Transporter of:  
☐ Oil  
☒ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
**Initial connection for casinghead gas.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State 9</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Northeast Lovington Perm.</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>NM2818</b>
Location Unit Letter <b>B</b> : <b>1980</b> Feet From The <b>East</b> Line and <b>660</b> Feet From The <b>North</b> Line of Section <b>9</b> Township <b>16S</b> Range <b>37E</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>Koch Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1558, Breckenridge, Texas 76024</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Yippery Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3179, Midland, Texas 79702</b>
If well produces oil or liquids, give location of tanks. Unit <b>B</b> Sec. <b>9</b> Twp. <b>16S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>4-11-85</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*EB Fisher*  
(Signature)

Supv. Adm. Ser.  
(Title)

4-15-85

(Date)

OIL CONSERVATION DIVISION

APR 17 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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.