

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Amerada Hess Corporation

Address

Box D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3/1/86
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Andrus 9	1	Northeast Lovington Penn.	State, Federal or Fee Fee	
Location				
Unit Letter	L	1874 Feet From The South Line and 766 Feet From The West		
Line of Section	9	Township 16S	Range 37E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	9	16S	37E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
10-7-85	12-22-85		12,000'			11,916'		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3823' GR	Strawn		11,484'			11,396'		
Perforations						Depth Casing Shoe		
11,506' - 11,551' 2 SPF								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 48#	500'	530 sks.
11"	8-5/8" 24# & 32#	5084'	2300 sks.
7-7/8"	5-1/2" 17#, 20#	12,000'	500 sks.

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.)	
11-26-85	12-23-85	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	900#	---	13/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	395	0	610

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.

E. B. Fisher
(Signature)Supv. Adm. Ser.
(Title)

1-6-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 9 - 1986, 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 7 - 1986
O.C.D.
HOBBS OFFICE