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TRANSPORTER	OIL		
	GAS		
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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-[illegible]
Effective 1-1-65

I.

Operator: Amerada Hess Corporation

Address: P. O. Box 591-[illegible], Texas [illegible]

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:				Other (Please explain)
Recompletion ☐	Oil ☐	Dry Gas ☐			CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐			

If change of ownership give name and address of previous owner ______

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease No.
[illegible]	1	[illegible]	State	B-1/[illegible]

Location

Unit Letter [illegible] ; [illegible] Feet From The [illegible] Line and [illegible] Feet From The [illegible]

Line of Section 2[illegible] Township [illegible] Range 37-[illegible], NMPM, Lea County

III. 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)
[illegible]	Box 26[illegible], [illegible], Texas [illegible]
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
[illegible]	[illegible] Washington-Odessa, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	[illegible]	24	1[illegible]	37-E	Yes	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.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 SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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.

[signature]
(Signature)

PRODUCTION RECORDS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19__

BY John W. Runyan

TITLE Geologist

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[illegible]