

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

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

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

I. Operator  
Amerada Hess Corporation  
Address  
P. O. Box 591, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
CHANGE NAME FROM  
AMERADA DIV.  
AMERADA HESS CORPORATION  
TO: AMERADA HESS CORPORATION  
EFFECTIVE AUG. 1, 1971  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
State "A"  
Well No. 4  
Pool Name, including Formation  
Hobbs Blinberry  
Kind of Lease  
State  
Lease No.  
A-1469  
Location  
Unit Letter B : 660' Feet From The North Line and 2130' East From The East  
Line of Section 32 Township 18-S Range 38-E, NMPM, Lea Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Atlantic Pipeline Company  
Address (Give address to which approved copy of this form is to be sent)  
Box 1190-Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Company  
Address (Give address to which approved copy of this form is to be sent)  
4th & Washington-Odessa, Texas 79760  
If well produces oil or liquids,  
give location of tanks.  
Unit B Sec. 32 Twp. 18-S Rge. 32-E  
Is gas actually connected? Yes When 4/20/69

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.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, CR, 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 OIL WELL (Test must be after recovery of total volume off dead 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/MCF Gravity of Condensate  
Testing Method (pilot, 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  
PRODUCTION RECORDS SUPERVISOR  
Title  
OIL CONSERVATION COMMISSION  
AUG 18 1971  
APPROVED  
BY  
TITLE SUPERVISOR DISTRICT  
This form is to be filled 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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable.