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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND BOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 22 11 33 AM '69

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

NAME CHANGE ATLANTIC P.L. CO. TO ARCO P.L. CO. EFF. 1-1-71		NAME CHANGE AMERADA PETROLEUM CORP. TO AMERADA HESS CORP. EFFECTIVE July 1, 1969
Operator Amerada Petroleum Corporation		
Address P. O. Box 668 - Hobbs, New Mexico		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) Request temporary commingling authority pending approval of application.

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 Undesignated - Blinebry	Kind of Lease State, Federal or Fee State	Lease No. A-1469
Location Hobbs - Blinebry R-3780				
Unit Letter B ; 660 Feet From The North Line and 2130 Feet From The East				
Line of Section 32 Township 18S Range 38E NMPM, Lea 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"/> Atlantic Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1190 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 18S	Rge. 38E
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-27-69	Date Compl. Ready to Prod. April 20, 1969		Total Depth 6000'		P.B.T.D. 5990'			
Elevations (DF, RKB, RT, GR, etc.) 3654' DF, 3642' GL	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5735'		Tubing Depth 5750'			
Perforations 5912', 5915', 5918', 5932', 5937', 5947', 5952', 5959', 5966', 5962'					Depth Casing Shoe 5998'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		380'		350			
11"	8-5/8"		3810'		590			
7-7/8"	5-1/2" liner		5998'		325			

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)

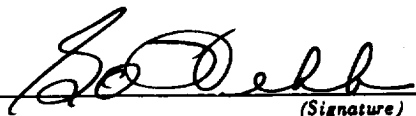
Date First New Oil Run To Tanks 4-20-69	Date of Test 4-21-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 hours	Tubing Pressure 120 PSI	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test 107 bbls.	Oil - Bbls. 90	Water - Bbls. 17	Gas - MCF 16

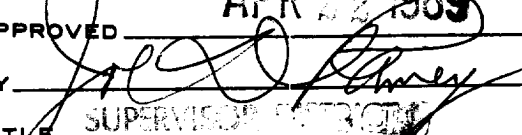
GAS WELL

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)
District Superintendent
(Title)
April 22, 1969
(Date)

OIL CONSERVATION COMMISSION
APR 22 1969
APPROVED _____, 19____
BY 
TITLE **SUPERVISOR**

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.

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