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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-110
Effective 1-1-65

I.

Operator Amerada Hess Corporation		NAME CHANGE ATLANTIC P.L. CO. TO ARCO P.L. CO. EFF. 1-1-71
Address P. O. Box 1920 - 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)		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 5	Pool Name, Including Formation Hobbs Drinkard	Kind of Lease State, Federal or Fee State	Lease No. A-1469
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 32 Township 18-S Range 38-E , 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) P. O. Box 1190 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	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?		When 7-2-69		

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 4-24-69	Date Compl. Ready to Prod. 7-2-69		Total Depth 8044'		P.B.T.D. 6954'			
Elevations (DF, RKB, RT, GR, etc.) 3660' DF; 3649' GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6674'		Tubing Depth 6919'			
Perforations 6674' to 6698' and 6926' to 6936'					Depth Casing Shoe 7000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		385'		400			
11"	8-5/8"		3798'		590			
7-7/8"	7" & 5 1/2" liner		7000'		501			

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 7-1-69	Date of Test 7-3-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 540#	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 44	Oil - Bbls. 36	Water - Bbls. 8	Gas - MCF 999

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.

D. M. Schell
(Signature)
District Clerk
(Title)
August 8, 1969
(Date)

OIL CONSERVATION COMMISSION
AUG 11 1969
APPROVED _____, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT**
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.