

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

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

Operator Amerada Hess Corporation	
Address Drawer D, Monument, NM 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>

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.
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"/> Arco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1190, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> EFFECTIVE: February 1, 1992 Phillips Pipe Line Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 18S	Rge. 38E	Is gas actually connected? Yes	When

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-24-69	Date Compl. Ready to Prod. 4-19-78	Total Depth 8044'	P.B.T.D. 6954'					
Elevations (DF, RAB, RT, GR, etc.) 3660' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6674'	Tubing Depth 6944'					
Perforations 6674' - 6936'	Depth Casing Shoe 7000'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11-3/4"	381'	400					
11"	8-5/8"	3798'	590					
7-7/8"	7" & 5-1/2" Liner	Top 3701'	150					
		Bottom 7000'	351					

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	Date of Test 4-19-78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 280#	Casing Pressure —	Choke Size 22/64
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 1	Gas-MCF 490

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

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.

David Hayes
(Signature)
Production Technician
(Title)
April 20, 1978
(Date)

OIL CONSERVATION COMMISSION
APPROVED APR 25 1978, 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 filled for each pool in multiply completed wells.

RECEIVED

FEB 25 1978

DE LOCOMOTIVE COMM.
HOBBY, N. M.