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SANTA FE				
FILE				
U.S.O.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION OFFICE				
Operator				

	SANTA FE FILE U.S.O.S. LAND OF FICE IRANSPORTER OIL GAS OPERATOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 GAS		
1.	PROBATION OFFICE Operator Amount do Many Component de					
	Amerada Hess Corporation					
	Reoson(s) for Hing (Check proper box, New Well Recompletion Change in Comership If change commership give name	Box 591 Midland, Te  Change in Transporter of:  Oil Dry Go Casinghead Gas Conder	Other (Please explain)	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION  AMERADA HESS CORPORATION  EFFECTIVE AUG. 1, 1971		
	and address of previous owner					
11.	DESCRIPTION OF WELL AND Lease Name	Well No.   Pool Name, Including F	ormation Kind of Lea	use Lease No.		
	M.E. Garther	1 Eumont Queen/	Gas State, Fede	eral or Fee Fee		
	Unit Letter I ; 198	O Feet From The Horth Lin	ne and 660 Feet From	n The East		
		wnship 19∞S Range 3	6-E , NMPM, L	ea County		
	Line (: 3e-tien 34 10	waship 19-S Range 3	10-6 , 1441 44, 14	ea county		
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent)		
	None	Stanbard Can Con Pay Can X	Address (Give address to which ann	sound come of this form is to be cent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Kasan Northern Natural Gas Company		Address (Give address to which approved copy of this form is to be sent)  Hobbs, New Mexico			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.		<sup>Then</sup> Unknown		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
14.	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
	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		
	Lievations (DF, RKB, KI, GR, etc.)	Name of Producing Communion	Top Olly Ods 7 dy	, abing bopin		
	Perforations	•.		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				i		
v.	TEST DATA AND REQUEST FO			il and must be equal to or exceed top allow-		
	Oll, WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)		
				Chala Class		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
,	CAS WITH					
	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	CE	OIL CONSERV	/ATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED HUS	19 19 19 19 19 19 19 19 19 19 19 19 19 1		
	above is true and complete to the	best of my knowledge and belief.	BY			
1			TITLE			

(Title)

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 tabilistion of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable and a second or the section of the form must be filled out completely for allowable.

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AUG 1 1971

OIL CONTRACTON COMM. HOBBS, N. M.