

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-105
Effective 1-1-63

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

I. Operator
Address Amerada Hess Corporation
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 <u>J. R. Phillips</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Monument Paddock</u>	Kind of Lease <u>Standard, Federal or Fee</u>	Lease No. <u>Patent</u>
Location Unit Letter <u>A</u> ; <u>660'</u> Feet From The <u>North</u> Line and <u>360'</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510-Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589-Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>1</u> Twp. <u>20-S</u> Rge. <u>36-E</u>	Is gas actually connected? <u>Yes</u> 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 ☐ 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 _____
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 of flood 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/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.

[Signature]
(Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION
APPROVED AUG 18 1971, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 device tests taken on the well in accordance with Rule 111.
All sections of this form must be filled out completely for all wells on which transportation is requested.

RECEIVED

AUG 9 1971

OIL CONSERVATION COMM.
HOBBS, N. M.