C3. Of Correct SEC	IVEO		
DISTRIBUTION			
SANTA FE			
FILL			
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR			
PROBATION OFFICE			
Operator			

NEW MEXICO OIL CONSCRVATION COMMISSION REQUEST FOR ALLOWABLE

Poim C+104 Supercedes Old C-104 and C-11

FILC	REGUEST	AND	Eliective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS	
LAND OFFICE				
TRANSPORTER GAS			,	
OPERATOR		· ·		
PROBATION OFFICE				
Amerada Hess Corporat	Lion			
Address	120			
Box 591 - Midland, To	exas 79701	Other (Please captains)		
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	CHANGE NAME FROM		
Recompletion	Oil Dry Gas	AMERADA HESS CORPORATION		
Change in Cw ership	Casinghead Gas Condens	TO: AMERADA HESS CORPORATION		
If change o, ownership give name and address of previous owner		č.		
DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation	· Lease No.	
Lease Name H.W. Andrews	9 Eumont Yates		orFee Federal 100461646	
Location	3,0,0,0,0	To the second se		
Unit Letter K : 198	O Feet From The W Line	and 1980 Feet From T	he S	
Line of Section 23 Town	nship 20S Range 30	бЕ ° , nm pm,	Lea County	
	TO ALL ALLE BLACKLE AT CAL			
DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	red copy of this form is to be sent)	
 Shell Pipe Line Company	•	Houston, Texas	·	
Name of Authorized Transporter of Cos.	inghead Gas 🔀 💢 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Comp		Hobbs, New Mexico	n	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. D 23S 20S 3EE	Yes	Unknown	
If this production is commingled with	h that from any other lease or pool, p	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Despen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completio		1	P.B.T.D.	
Date Spudded	Date Compl. Reedy to Prod.	Total Depth	P.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth		
Perforations			Depth Casing Shoe	
	SELECTION CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
note of a				
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil	and must be equal to or exceed top allow-	
OIL WELL	able for this de	psh or be for full 24 hours) Producing Mpthod (Flow, pump, 6 is li		
Date First New Cil Run To Tanks	Date of Test	Producing Mpined (From, Pump. 8 33 ii	, , , , , , , , , , , , , , , , , , , ,	
Length of Test	Tubing Presews	Casing Pressure	Choke Size	
Actual Prod. During Test	OII-Ebla,	Water-Bbls. Gae-MCF		
	The state of the s		The state of the s	
CAC WELT				
GAS WELL Actual Frod, Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in)	Chake Size	
Testing Mathod (pitot, back pri)	Tubing Pressure (Shat-in)	Casing Pressure (Bisservin)	CHOKE DIAG	
CERTIFICATE OF COMPLIANCE	CE "	 	ATION COMMISSION	
	Late a state Oil Consequetton	APPROVED A AU	<u>G 1 8 1971</u> , 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complets to the best of my knowledge and belief.		or John we Bringer		
		Geologist		
All Shiver		TITLE		
		This form to to be filed in compliance with AULE 1104.		
		If this is a request for altomable for a newly drilled or despend well, this form must be a companied by a tabulation of the deviction		
if there taken on the well to yourdance with note in			*	
1	ander 	if there taken on the rich to 1000	NAMED OF WINDS STATES AND A STATE OF STATES	
A CHADILICITION OF	COPDS SUPERCION	if there taken on the rich to 1000	use he filled out completely for ellien	