Appropriate Descrict Office DISTRICT J FO Box 1980, Hobbs, NM 82240

POTTEKT B F.O DITTON DD, AMER, 104 \$2210

Operator

Energy, Minerals and Natural Resources Department

**UIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Ruo Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PERMOT  AMEDADA HESS CORDODATION						Well AM No.					
AMERADA HESS CORPORATION  Address						30-025-05813					
Drawer D, Monument, NM	8826	5									
Reason(s) for Filing (Check proper box)  Change is Transporter of:											
Recompletion Dry Cas Dry Cas AMERADA HESS CORPORATION PHYSICALLY											
Change in Operator		TOOK OVER OPERATION 9/27/89									
If change of operator give name Wil Byrom Oil Co., P.O. Box 147, Hobbs, NM 88240											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Including					-		I	Kind of Lease		rase No.	
J.H. Williams "B"		2	<u> </u>	nice Mo	nument G	/Sa	Sate,	Federal or Fee	1		
Unit LetterJ	:16	50	Fed Fr	oon The _S	outh Lim	and2	160 F	et From The	East	Line	
Section 33 Township	198		Range	37E	, NA	ирм, Lea				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil And or Condensate Address (Give address to which approved copy of this form is to be sent)											
Shell Pipeline Corporation P.O. Box 1910, Midland, Texas 79702											
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas [] El Paso Natural Gas Company					Address (Giw	x 1492	hich approved Fl. Pasn	copy of this form is to be sent) Toyac 70078			
If well produces oil or liquids,	Unit	Sec. Twp. Rge is gas actually connected? Who					When				
give location of tanks.	0 00 1100 072 103										
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA											
Designate Type of Completion -	~~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Specified		al. Ready to	Prod	<del></del>	Total Depth		1			<u>i</u>	
								P.B.T.D.	P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	various (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Cas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
TIPPIC CLOPIC VI											
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			1			
					Der moet			SACKS CEMENT			
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after recovery of total volume of load oil and must    Date First New Oil Run To Tank   Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Date I had been on Not 14	52. 6. 702				1 10000011 (Ale	чко ( <i>гъж, р</i> і	មាមុ, ខ្លួល ព្រេ, រ	c. <i>)</i>			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL								•		<del></del>	
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	Choke Size			
VI. OPERATOR CERTIFICA				ICE		VIII CON	ICEDIA	ATION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION  OCT 6 1989						
is true and complete to the best of my knowledge and belief.					Date	Approve	d	001	0 130	•	
										<del></del>	
Signature Signature Signature Signature Signature					By	By ORIGINAL SIGNED BY JERRY SEXTON					
Sam Small District Superintendent Printed Name October 5, 1989 (505) 393-2144					DISTRICT I SUPERVISOR Title						
October 5, 1989 (505) 393-2144  Date Telephone No.							· · · · · · · · · · · · · · · · · · ·			<del></del>	
Date Telephode No.											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECE, VET

OCT 5 1999

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