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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMM. JN
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

I.

Operator AMERADA DIVISION - AMERADA HESS CORPORATION	
Address P.O. Drawer "D", Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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"/>
Other (Please explain) Completed on 40 acre spacing with T. Anderson #4 for 1 Unit allowable.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name T. Anderson	Well No. 3	Pool Name, Including Formation Monument Blinbry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter K	2310	Feet From The 3	Line and 1030'	Feet From The West
Line of Section 6	Township 20-South	Range 37-East	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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1596, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Marzen Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, New Mexico 88265			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 20	Rge. 37
	Is gas actually connected?		When	
	Yes			

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 <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. December 8, 1970		Total Depth 5730'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) DF - 3558	Name of Producing Formation Monument Blinbry		Top Oil/Gas Pay		Tubing Depth 5615'			
Perforations 5676' to 5716'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8"		295'					
11	8-5/8		2900'					
7-7/8	5-1/2		5730'					

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 12-14-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure --	Casing Pressure --	Choke Size 11 X 44 SPM
Actual Prod. During Test	Oil - Bbls. 77	Water - Bbls. 0	Gas - MCF 25.10

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

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)
Maintenance Supervisor

(Title)
December 22, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **December 22, 1970**, 19

BY **[Signature]**

TITLE **[Signature]**

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 filed for each pool in multiply completed wells.

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FEB 23 1970
OIL CONSERVATION COMM.
12000, N. H.