	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR	REQUEST	ONJERVATION COMMISS 1 FOR ALLOWABLE AND INSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 L GAS
1.	Operator			
	Amerada Hess Corporation			
	Drawer "D", Monument, New Mexico 88265			
	Reason(s) for filing (Check proper box,		Other (Please explain)	
	New Well  Recompletion	Change in Transporter of:  Oil Dry Ga	s	•
	Change in Ownership	Casinghead Gas Conden	<del>                                      </del>	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including Fo	•	
	State "V"	6 Eunice-Monumen	t - G-SA State, Fee	deral or Fee State B1626
	Unit Letter H : 990	Feet From The East Line	e and 1650 Feet Fr	om The North
	34	105	n/ D	
	Line of Section 36 Tow	mship 19-S Range	36-E , <sub>NMPM</sub> ,	Lea County
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil			oproved copy of this form is to be sent)
	Shell Pipe Line Company  Name of Authorized Transporter of Castnahead Gas A or Dry Gas		P.C. Box 2648 - Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)	
	Warren Petroleum Company		Monument, New Mexico 88265	
	If well produces oil or liquids, give location of tanks.	H 36 19S 36E	Is gas actually connected?	When 5-5-72
		h that from any other lease or pool,	give commingling order number:	
10.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completion	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
	Date Spudded 4-15-72	5-5-72	4030 °	3991 •
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3604' DF 3593' GL	Grayburg-San Andres	38241	3817 P
	Perforations 3824' to 3832'; 3846' to 3855'; 3865' to 3900		O' - two SPF.	4021 °
	TUBING, CASING, AND		CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	15" 8 <b>-</b> 3/4"	7"	1054 <sup>8</sup>	450
	6-1/8"	4-1/2" Liner	3495° to 4021°	350
•	TECT DATA AND DECLIEST FO	OP ALLOWARIE (Test must be a	free recovery of total volume of load	oil and must be equal to or exceed top allow-
•	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks 5-5-72	Date of Test 5-7-72	Producing Method (Flow, pump, go	is lift, etc.)
	Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF
	90 BO	90	None	42
	CAS 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
	OFFICE AND AN COUNTY	ļ	OH CONSES	RVATION COMMISSION
VI.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED MAY	1 2 1972
			Sir Amaga	
	above is true and complete to the	best of my knowledge and belief.	BY CIDED III	OR DISTRICT!
			TITLE SUPERIOR	AOU THOTHER

Area Production Clerk

(Title)

May 9, 1972

(Date)

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

## RECEIVED

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MAY 111972 OIL CONSERVATION COMM. HOBBS, N. 18.