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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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-110
Effective 1-1-65

Operator Amerada Hess Corporation	
Address Drawer D, Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name W. A. Weir "B"	Well No. 3	Pool Name, including Formation Eumont Queen	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 26 Township 19-S Range 36-E , NMPM, Lea County				

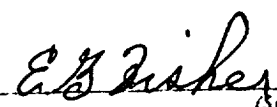
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line Co.		Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Northern Natural Gas Co.		2223 Dodge St., Omaha, Nebraska 68101		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 19S	Rge. 36E
		Is gas actually connected?		When
		No		

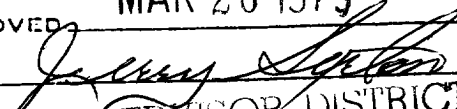
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-28-78	Date Compl. Ready to Prod. 1-22-79	Total Depth 3774'		P.B.T.D. -				
Elevations (DF, RKB, RT, CR, etc.) 3660' GL	Name of Producing Formation Eumont Queen	Top Oil/Gas Pay 3452'		Tubing Depth 3760'				
Perforations Open hole fr. 3449' to 3774'				Depth Casing Shoe 3449'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		327'		250 sks.			
7-7/8"	5-1/2"		3449'		1250 sks.			

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	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 36.37	Length of Test 1 hr.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back press.	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) 300#	Choke Size 3/4"

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.	
	
Supv. Adm. Ser.	(Signature)
1-22-79	(Title)
	(Date)

OIL CONSERVATION COMMISSION	
MAR 26 1979	
APPROVED	12
BY 	
TITLE	SUPERVISOR DISTRICT
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.	