

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

I. Operator  
Amerada Hess Corporation  
Address  
Drawer "D", Monument, New Mexico 88265  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner  
THIS WELL HAS BEEN PLACED IN THE POOL  
IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "Q"	Well No. 1	Pool Name, Including Formation Monument (Paddock) R-4646	Kind of Lease State, Federal or Fee State	Lease No. A1469
Location Unit Letter J, 1980 Feet From The South Line and 2310 Feet From The East Line of Section 16 Township 20-S Range 37-E, 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When 8-5-73

If this production is commingled with that from any other lease or pool, give commingling order number: R-1460

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded W.O. started 8-6-73	Date Compl. Ready to Prod. 8-8-73		Total Depth 6938'		P.B.T.D. 5300'			
Elevations (DF, RKB, RT, GR, etc.) 3545' DF	Name of Producing Formation Paddock		Top Oil/Gas Pay 5130'		Tubing Depth 5040'			
Perforations 5130' to 5139' & 5154' to 5160'	23/8 4992		Depth Casing Shoe 6775'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12" 12 1/2"		40 172'		200			
11"	8-5/8"		32 2444'		600			
7-7/8"	6-5/8"		20 3776'		100			
5-7/8"	4-1/2" Liner 11 1/2"		3772' to 6775'		200			

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 8-8-73	Date of Test 8-21-73	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 84 Bbls. oil	Water-Bbls. 163 Bbls. water	Gas-MCF 12.25 MCF

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.

M. D. Black  
(Signature)  
Supver., Admin. Services  
(Title)  
8-27-73  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY J. R. [Signature]  
TITLE SUPERVISOR DISTRICT I

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.