Subers 5 Capes Appropriate Dusing Office DISTRETJ PO Box 1980, Hobbs, NM 88240	Energy, Minerals and Natural Resources Depr. mt						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
D'STRICT II P.O. Drawer DD, Anema, NM - 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				Ň				
DISTRICT III 1000 Ruo Brazon Rd., Aztec, NM - 17410 L	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
Openator					Hei A	M NG		—	
Amerada Hess Corporatio	<u>an</u>								
Drawer D, Monument, New	. Mexico 88265								
Reason(s) for Filing (Check proper box)	Change in Transpo	ner of		Please explai		lsnorfer	to Nort	herti	
Recompletion		u []		ral Gas					
Change in Operator	Camphead Gas Conder								
If change of operator give name and address of previous operator								. <u></u>	
<b>II. DESCRIPTION OF WELL</b>					·····				
Lease Name State "Y"		<b>iame, Includ</b> ir Infice Mor	<b>ng Formation</b> nument G/	S۵		f Leane Federal or Fee	1	<b>383</b>	
	1_12	<u></u>	Indirence ()	011					
Unit LetterI	: <u>1980</u> Feet F	rom The <u>S</u>	outh Lize a	<b>nd</b> <u>66</u>	0 F <del>o</del>	et From The	East	Line	
Section 17 Township	p 205 Range	37E	, NMF	<b>M</b> .	Lea			County	
30000	and the second			<u> </u>					
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil	or Condennate		RAL GAS Address (Give a	sitess to wh	ich approved	copy of this f	orm is to be se	ati ::	
Shell Pipeline Co <del>rpera</del>	Y		P. O. Box 1910, Midlar						
Name of Authonized Transporter of Canny			Address (Give address to which approved 2223 Dodge Street, Oma						
Northern Natural Gas C. If well produces oil or liquids,	Unut Sec. Twp.	Ree	Is gas actually of		eet, Uma When		oraska be	102	
give location of tanks.	I 17 205	<b>1</b> 37E	Yes					•	
If this production is commungled with that IV. COMPLETION DATA									
Designate Type of Completion	- (X)	Gas Well	New Well	Workover		Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		1	P.B.T.D.	1	-1	
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation		Top Oil/Gas Pa	Ton Oil/Gae Pay					
Elevations (DF, KKB, KI, OK, EC.)	(1, OA, EC.)						Tubing Depth		
Perforations						Depth Casir	ng Shoe		
 	TUBING, CAS	ING AND	CEMENTIN	GRECOR	D	1			
HOLE SIZE				DEPTH SET			SACKS CEMENT		
 						• • • • • • • • • • • • • • • • • • • •			
			į			· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES	ST FOR ALLOWABLE recovery of total volume of load		the equal to or e	reed top all	ound's for the	t denth at he	for full 24 hou	ars I	
OIL WELL (Test must be after 1 Date First New Oil Run To Tank	Date of Test	Producing Met							
				C					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		:		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF				
GAS WELL									
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION JAN 1 6 1990						
$\Omega \Omega $	$\Lambda^{-}$		Date	Approve	d	<u></u>			
K. t. Wheeler,	Á		Bv	CRICIA	IAE secora	医乳轮 白眉的	CIXION		
Signature R. L. Wheeler, Jr. Supv. Adm. Svc.				By ORIGINAL SPONAD BY DEFEN SEXTON DISTRICT 1 SUPERVISIDE					
Printed Name Title 1-10-90 505 393-2144			Title_						
<u>1-10-90</u> Date	Telephone	No.							
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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 with Rule 111.

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.