Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Nexico
En. , Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Retions of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Ric Brazos Rd., Aztec, NM 87410

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amerada Hess Corporation 30-025-06145 Address Drawer D, Monument, New Mexico 88265 Casson(s) for Filing (Check proper box) [X' Other (Please explain)] Change in Transporter of: Well status changed from T/ Change in Operator Other (Please explain) Other (Please explain) Change in Operator Other (Please explain) Other (Please explain) Change in Operator Other (Please explain) Other (Please explain) Change in Operator Other (Please explain) Other (Please explain) Change in Operator Other (Please explain) Other (Please explain) Change in Transporter of: Well status changed from T/ Change in Transporter of: Other (Please explain) Well status changed from T/ Change in Transporter of: Well status changed from T/ Change in Operator Other (Please explain) Well status changed from T/ Change in Transporter of: Well status changed from T/ Well status changed from T/ Change in Transporter of: Well status changed from T/ Well status changed from T/ Change in Transporter of: Well status changed from T/ Change in Transporter of: Well status changed from T/	5
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I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	West Line
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	County
	County
ame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form	
	n is to be sent)
lame of Authorized Transporter of Casinghead Gas or Dry Gas [XX] Address (Give address to which approved copy of this form El Paso Natural Gas Co. P. O. Box 1492, El Paso, Texas	
well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?	1.5.10
ve location of tanks.	
this production is commingled with that from any other lease or pool, give commingling order number:	
/. COMPLETION DATA	
Oil Well Gas Well New Well Workover Deepen Plug Back St	ame Resiv Diff Pesiv
Designate Type of Completion - (X)	
ate Spudded Date Compt. Ready to Prod. To Depth PRID	
levations (I)E_RKR_RT_GR_etc.) Name of Producing Formation Toy Oil Gas Pay Lubing Perth	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tot Oil Gas Pay Tubing Depth	
erforations Depth Casing	Shoe
TUBING, CASING AND CE TENTING RECORD	·
HOLE SIZE CASING & TUBING SIZE DEPTH SET SA	CKS CEMENT
TEST DATA AND DECLIEST FOR ALLOWARD F	
. TEST DATA AND REQUEST FOR ALLOWABLE IL 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 he for	r full 24 hours
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	, har 5.4 Month 3.7
ength of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil Bbls. Water Bbls. Water Bbls.	
GAS WELL	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Co.	ndensate
esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Cong Pressure (Shut-in) Choke Size	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Cong Pressure (Shut-in) Choke Size	
IL OPERATOR CERTIFICATE OF COMPLIANCE	
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby confifts that the pulse and regulations of the Oil Consequence OIL CONSERVATION D	NOISIVIC
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above	71101011
is true and complete to the best of my knowledge and belief	
Date Approved	
Un Ell Shoulder X	
Signature By	
R. L. Wheeler, Jr. Supv. Adm. Svc.	
Printed Name Title Title	
Date Telephone No.	

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.