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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

Operator Amerada Hess Corporation	
Address Drawer "D" - Monument, New Mexico 88265	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. G. Hare	Well No. 5	Pool Name, including Formation Paddock - Oil	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K 1980 Feet From The West Line and 1980 Feet From The South Line of Section 33 Township 21-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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1351 - Midland, Texas
If well produces oil or liquids, give location of tanks. Unit N Sec. 33 Twp. 21-S Rge. 37-E	Is gas actually connected? When Yes 5-10-74

If this production is commingled with that from any other lease or pool, give commingling order number: PC-419

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded 3-18-74	Date Compl. Ready to Prod. 5-15-74	Total Depth 7856'	P.B.T.D. 5440'
Elevations (DF, RKB, RT, GR, etc.) 3456' DF	Name of Producing Formation Paddock - Oil	Top Oil/Gas Pay 5278'	Tubing Depth 5238'
Perforations 5278' to 5296'			Depth Casing Shoe 7856'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 36 #	216	200
11"	8 5/8" 2 #	2748	1200
7 3/8"	5 1/2" 1 #	7856	600

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)

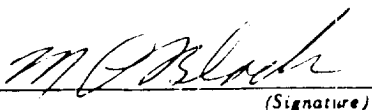
Date First New Oil Run To Tanks 5-15-74	Date of Test 5-18-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 40 bbls	Water-Bbls. 10 bbls	Gas-MCF 82

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. CERTIFICATE OF COMPLIANCE

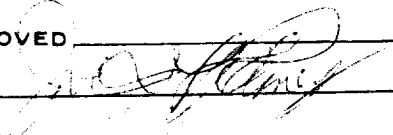
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

SUPVR. ADMIN SERVICES
(Title)

5-22-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19 ____
BY  NW
TITLE _____

This form is to be filed in compliance with Rule 10-04

If this is a request for allowable for a newly drilled 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.