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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

DEC 22 10 45 AM '65

Operator Amerada Petroleum Corporation		NAME CHANGE AMERADA PETROLEUM CORP. TO AMERADA PETROLEUM CORP.
Address P. O. Box 668 - Hobbs, New Mexico		EFBE 1974
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Well to be reclassified 1-1-66 from Blinebry Oil to Blinebry Gas due to high GOR Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

Lease Name J. G. Hare		Lease No. 5	Well No. Prod. Name, Including Formation Blinebry Gas	Kind of Lease State, Federal or Fee Fee
Location Unit Letter K , 1980 Feet From The South Line and 1980 Feet From The West Line of Section 33 Township 21S Range 37E , NMPV, Lea County				

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 1598, Hobbs, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico		
If well produces oil or liquids, give location of tanks.		Unit N	Sec. 33	Twp. 21S
		Range 37E	Is gas actually connected? No When	

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

Designate Type of Completion - (X) X		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				Reclassify due to high GOR					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

Actual Prod. Test-MCF/D 2,021		Length of Test 24 Hrs.	Bbls. Condensate/MMCF 37.22	Gravity of Condensate 40.3
Testing Method (pitot, back pr.) Deliverability		Tubing Pressure 512#	Casing Pressure	Choke Size 1-1/2"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
BY _____		TITLE _____	
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.			
December 22, 1965			