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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-1
Effective 1-1-67

Operator Amerada Hess Corporation	
Address P.O. Box 591, Midland, Texas 79701	
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) CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren McKee Unit	Well No. 142	Well Name, including Formation Warren McKee	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South Line of Section 17 Township 20S Range 38E 6, NMPS, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pine Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Pet. Corp. Amerada Hess Corporation	Address (Give address to which approved copy of this form is to be sent) Box 67, Midland, New Mexico P.O. Box 591, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 17	Twp. 20S	Rng. 38E	Is gas actually connected? Yes	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Reopen	Plug Back	Same Res'n.	Diff. Res'n.
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 FEET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

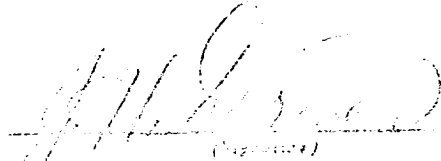
Date First New Oil Run To Tanks	Date of Test	Producing Liquids (Water, Gas, Gas Lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLE.	Water-BBLE.	Gas-MCF

GAS WELL

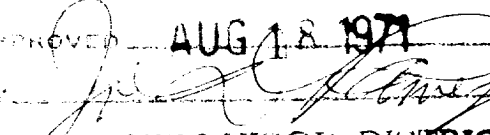
Actual Prod. Test-MCF/D	Length of Test	BBLE. Condensate-MCF	Gravity of Condensate
Testing Method (pilot, back-pn)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19
BY 
TITLE SUPERVISOR DISTRICT I
This form is to be filed in compliance with Rule 1104.
If this form is not filed allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with Rule 111.
All sections of this form must be filled out completely for filing.

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AUG 10 1971

OIL CONSERVATION COMM.
HOBBS, N. M.