

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-
Effective 1-1-65

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PRODUCTION OFFICE		

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. 402	Pool Name, Including Formation Warren McKee	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter C : 330 Feet From The North Line and 2324 Feet From The West Line of Section 18 Township 20S Range 38E Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Co.	Address (Give only to which approved copy of this form is to be sent) P.O. Box 2742 Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Pet. Corp. Amerada Hess Corporation	Address (Give only to which approved copy of this form is to be sent) Box 57, Lubbock, Texas 79401 P.O. Box 591, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 18	Twp. 20S	Range 38E

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	Recompletion	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RAB, RI, 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		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

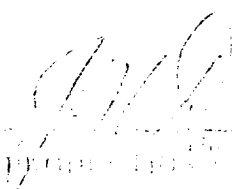
Date First New Oil Run To Tanks	Date of Test	Producing Method (1" or 2" pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual First Test - MCF/D	Length of Test	Bole. Condensate (lb.)	Gravity of Condensate
Testing Method (Pump, Back pr.)	Tubing Pressure (psia-in.)	Casing Pressure (psia-in.)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

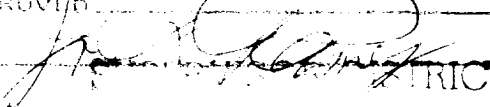
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Operator

OIL CONSERVATION COMMISSION

AUG 18 1971

APPROVED _____, Is

BY  DISTRICT I

TITLE _____

This form is to be filed in compliance with Rule 1104.

If this is a new well, it is to be filed for a newly drilled or deepened well; this form is to be filed for a recompletion of the well; or for a workover or plug back operation of the well.

All wells are to be filed for a full 24 hours of production.

RECEIVED

AUG 6 1971

OIL CONSERVATION COMM.
WASH. D. C.