NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BRODATION OF	T - T -		

	SANTA FE FILE	1	REQUEST FOR ALLOWABLE		Supersedes Old	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65							
	U.S.G.S.	ALITHOPIZATION TO TRA	AND	NATURAL C		-							
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT UIL AND	NATURAL G	A5								
	VEANIERORY ED OIL												
	TRANSPORTER GAS												
	OPERATOR]											
I.	PRORATION OFFICE												
	Operator Amanada II.a.a. Can												
	Amerada Hess Con	rporation		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								
		umont New Maries 00265											
	Reason(s) for filing (Check proper box)	ument, New Mexico 88265	Other (Please	evolain)									
	New Well	Change in Transporter of:	Omer (1 seas	e explain,									
	Recompletion X	Oil Dry Go											
	Change in Ownership	Casinghead Gas Conder	77										
	If change of ownership give name and address of previous owner												
	and address of previous owner												
11.	DESCRIPTION OF WELL AND I	LEASE											
	Lease Name	Well No. Pool Name, Including F		Kind of Lease		Lease No.							
	State "Q"	4 Monument -	Paddock	State, Federal	or Fee State	A1469							
	Location	n - +	4000		g								
	Unit Letter 1 ; 000	O Feet From The East Lin	e and1980	Feet From T	he South								
	Line of Section 16 Tow	mship 20 - S Range	27 F	τ	_								
	Line of Section 10 Tow	mship ZU=D Range	37-E , NMPN	. Le	<u>a</u>	County							
m	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	·s										
111.	Name of Authorized Transporter of Oil			to which approv	ed copy of this form is to	be sent)							
	Shell Pipe Line	Company	P.O. Box 2648,	Houston.	Texas 77001								
	Name of Authorized Transporter of Cas	inghead Gas Or Dry Gas	Address (Give address	to which approv	ed copy of this form is to	be sent)							
	Warren Petroleum	m Corporation	P.O. Box 1589,	Tulsa, O	klahoma 74101								
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect										
	give location of tanks.	J 16 20-S 37-E	Yes	1	5-21-74								
	If this production is commingled wit	h that from any other lease or pool.	give commingling order	number: R	-1460								
	COMPLETION DATA												
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	1							
		Date Compl. Ready to Prod.			X	X							
	Date Spudded 5-19-74	, ,	Total Depth		P.B.T.D.								
	Elevations (DF, RKB, RT, GR, etc.)	5-23-74 Name of Producing Formation	6580 Top Oil/Gas Pay		56091 Tubing Depth								
	3 550¹ DF	Paddock	5175'		5091 1								
	Perforations	·	1		Depth Casing Shoe								
	5134' to 5161' & 5175' to 5187'												
		TUBING, CASING, AND	CEMENTING RECOR	D									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT							
	12-1/4"	9-5/8"	12101	#36	562								
	8-3/4"	7-5/8"	37921	# 29	8501								
	6-3/4"	5-1/2"	65801	417	3001								
		/		238	5258								
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volu		nd must be equal to or ex	ceed top allow-							
	OIL WELL Date First New Oil Run To Tanks	OIL WELL able for this depth or be for full 24 hours)											
	5-23-74	Date of Test			, <i>etc.)</i>	ne.,							
	Length of Test	5-24-74 Tubing Pressure	Pumpin Casing Pressure	<u>g</u>	Choke Size								
	24 Hrs.	40#	_										
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF								
	•	140	37		253								
	GAS WELL												
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCI		Gravity of Condensate								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size								
VI.	CERTIFICATE OF COMPLIANC	E.E.	OIL C	ONSERVA	TION COMMISSION	l							
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 Supvere Admin Services			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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 transported other such change of condition.										
								(54)		Separate Forms	C-1/4 must	be filed for sach poo	i is multiply
									i	completed wells			