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TRANSPORTER	OIL	
	GAS	
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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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "Q"	Well No. 5	Pool Name, Including Formation Monument-Paddock	Kind of Lease State, Federal or Fee State	Lease No. A-1469
Location Unit Letter 0 ; 800 Feet From The South Line and 1980 Feet From The East Line of Section 16 Township 20-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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2648 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589 - Tulsa, Oklahoma 74101					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 16	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When 9-10-74

If this production is commingled with that from any other lease or pool, give commingling order number: PC-380

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-12-74	Date Compl. Ready to Prod. 9-8-74		Total Depth 5243'		P.B.T.D. 5210'			
Elevations (DF, RKB, RT, GR, etc.) 3532 GR	Name of Producing Formation Paddock		Top Oil/Gas Pay 5138'		Tubing Depth 5132'			
Perforations 5138 to 5144; 5146 to 5151 and 5173 to 5178'					Depth Casing Shoe 5242'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1060		600			
8 1/2"	7"		3800		700			
6 1/4"	5" Liner		3614' to 5242'		150			

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 9-8-74	Date of Test 9-19-74	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. 171	Water - Bbls. 23	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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.

[Signature]
(Signature)

Supervisor, Administrative Services

(Title)

September 20, 1974

(Date)