

SANTA FE	
FILE	
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-110  
Effective 1-1-65

Operator Amerada Hess' Corporation	
Address Drawer "D" Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	
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

DESCRIPTION OF WELL AND LEASE

Lease Name Gill Deep	Well No. 3	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>N</u> : <u>700</u> Feet From The <u>South</u> Line and <u>1889</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Western Oil Transportation Co., Inc.	Box 3119 - Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	Box 1351 - Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 31	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When 11-24-75

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Refracture	Other
Date Spudded 12/5/75	Date Compl. Ready to Prod. 1/23/76	Total Depth 6800'	P.B.T.D. 6730'				
Elevations (DF, RKB, RT, GR, etc.) Gr.3464'	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6546'	Tubing Depth 6500'				
Perforations 6546-50, 6577-84, 6588-6601, 6609-18, 6623-28			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9-5/8"	1064'	500 Sx. Circ.
8-3/4"	7"	6798'	1950
	2-3/8"	6500'	Packer 6496'

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 1/23/76	Date of Test 3/1/76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 100#	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 11	Water-Bble. 21	Gas-MCF 191

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

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.

*H. H. Porter*

(Signature)

Admin. Serv. Supv.

(Title)

March 2, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.