

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gill Deep	Well No. 4	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. FEE
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>21S</u> Range <u>37E</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 Company	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	Range 37E	Is gas actually connected? Yes	When 2/19/76

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

EFFECTIVE JANUARY 31, 1977,  
~~SKELLY OIL COMPANY MERGED~~  
~~INTO GETTY OIL COMPANY~~

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"/>	Line Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/2/76	Date Compl. Ready to Prod. 2/19/76		Total Depth 6750'		P.B.T.D. 6710'		
Elevations (DF, RKB, RT, GR, etc.) 3472.3 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6514' - 6660'		Tubing Depth 6510'		
Perforations 6514' to 6660'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13-3/4"	10-3/4"		1183'		700 Sx.		
7-7/8"	5-1/2"		6749'		2801 Sx.		
	2-3/8"		6510'				
Packer			6472'				

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 2/19/76	Date of Test 2/22/76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 1000#	Casing Pressure Packer	Choke Size 18/64"
Actual Prod. During Test 24 Hrs.	Oil-Bbls. 217	Water-Bbls. 6	Gas-MCF 1170

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.D. Porter  
(Signature)

Admin. Serv. Supv.

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED: \_\_\_\_\_, 19\_\_

BY: Garry E. Stanton

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 conditions.

Separate Forms C-104 must be filed for each pool in multilayer completed wells.

## INCLINATION REPORT

OPERATOR Amerada Hess Corporation ADDRESS 617 W. Silver, Hobbs, New Mexico 88240  
 LEASE Gill Deep WELL NO. 4 FIELD \_\_\_\_\_  
 LOCATION Section 36, T-21S, R-37E, Lea County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
425	1/4	1.8700	1.8700
798	1/2	3.2451	5.1151
1184	1/2	3.3582	8.4733
1591	3/4	5.3317	13.8050
2056	1	8.1375	21.9425
2522	1	8.1550	30.0975
2673	2	5.2699	35.3674
2065	1 1/4	8.5456	43.9130
3439	1 1/4	8.1532	52.0662
3938	1 1/4	10.8782	62.9444
4530	1 1/4	12.9056	75.8500
4922	1 1/4	8.5456	84.3956
5576	1	11.4450	95.8406
5805	1	4.0075	99.8481
5883	1	1.3650	101.2131
6194	1	5.4425	106.6556
6317	1 1/2	3.2226	109.8782
6455	1	2.4150	112.2932
6688	3/4	3.0523	115.3455
6750	1	1.0850	116.4305

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By: *R. J. Owings*

Title: Asst. Drlg. Supt.

## Affidavit:

Before me, the undersigned authority, appeared R. J. Owings known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

*R. J. Owings*  
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 9th day of \_\_\_\_\_

February 19 76

MY COMMISSION EXPIRES 3-1-76

*Jerry L. Murrin*  
Notary Public in and for the County  
of Lea, State of New Mexico

Seal