HO. OF COPIES RECE	1 4 f D		
DISTRIBUTION			
SANTA FE			
FILE		J	
U.S.G.S.		.ļ	
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	GAS		ļ
OPER/TOR			ļ
BBOL ATION OFFICE			1

	DISTRIBUTION SANTA FU FILE	REQUEST FOR ALLOWABLE AND AUXIODIZATION TO TRANSPORT OIL AND NATURAL GA		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
1.	U.S.G.S. LAND OFFICE TRANSPOHYER OIL GAS OPER/TOR PROFITION OFFICE	AUTHORIZATION TO TAIL		···			
	Amerada Hess Corpo	ration					
	Address						
	Drawer D, Monument, NM 88265 eason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	CII Dry Gas Casinghead Gas Condense	ate				
	Change in Ownership						
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.			
	J.G. Hare	8 Eumont Queer	ici-i- Enderal	cr Fee Fee			
				South			
	Unit Letter K : 17	80 Feet From The West Line	and 1980 Feet From T	he SUILII			
	Line of Section 33 Town	nship 21 S. Bange 37	E. , NMPM, Lea	County			
		ED OF OU AND NATURAL GAS					
III.	Name of Authorized Transporter of Cil	ER OF OIL AND NATURAL GAS Or Condensate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•	Shell Pipe Line Co	mpany	Box 2648, Houston, Address (Give address to which approv	ed copy of this form is to be sent)			
	Northern Natural Gas Company Northern Natural Gas Company						
	If well produces cil or liquids, 122 121 C 127 E No						
	give location of tanks. N 33 21-5 37-E NO If this production is commingled with that from any other lease or pool, give commingling order number:						
ιv	COMPLETION DATA	Oil Well Gas Well	New Well Workever Deepen	Plug Back Same Resty. Diff. Resty			
	Designate Type of Completio	n - (X)	X	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	3620 '	3581'			
	3-13-78 Elevations (DF, RKB, RT, GR, etc.)	4-10-78 Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	3345' GR	Eumont Queen	3520'	3468 Depth Casing Shoe			
Perforations				3620'			
	3520' - 3530'	TUBING, CASING, AND		SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	323'	300 sks			
	12-1/4" 7-7/8"	8-5/8" 5-1/2"	3620'	1055 sks			
		1					
• 1	TEGE DATA AND REQUEST FO	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)					
¥	OIL WELL Date First New On Run To Tonks	OH WELL					
	Date First 1 (w Ci. Rus 10 , Cike			Choke Size			
	Longth of Test	Tubing Fressure	Cosing Preseure				
	Actual Pred. During Test	GII-Ebia.	Water - Hbls.	Gae - MCF			
	GAS WELL Bale. Condensate/AduCF Gravity of Condensate						
	Actour Free, Test-MCF/D	Length of Text 24	Bble. Condensate/MHCF				
	594 . Teating Merhod (pitot, back pr.)	Tubing Fressure (Shut-in)	Casing Presente (Shut-in)	Choke Size 28/64"			
	Back Pressure	130#	179#	ATION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE		JUL 5	19				
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	1116			
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY CONTRACTOR					
			TITLE SUPERVISOR DISTRICT				
			This form is to be filed in compliance with RULE 1104.				
E Z Liskes			If this is a request for allowable for a newly drilled or deeper if this is a request for allowable for a newly drilled or deeper in this form must be accompanied by a tabulation of the deviation.				

3 FISKED (Signature) Supv. Admin. Serv. (Title)

__April_11, 1978______

well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and reconjucted wells.

Fill out only Sections I. II. III. and VI for changes of commell name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip