

L CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-70

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CORRECTED COPY

I. OPERATOR

Operator
Amerada Hess Corporation

Address
Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. M. Marcus	Well No. 2	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location

Unit Letter C : 990 Feet From The North Line and 1980 Feet From The West

Line of Section 20 Township 20S Range 38E , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	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 C	Sec. 20	Twp. 20S	Rge. 38E	Is gas actually connected? No	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

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 Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
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Date Spudded 10-12-82	Date Compl. Ready to Prod. 3-8-83	Total Depth 7650'	P.B.T.D. 6976'
Elevations (DF, RKB, RT, GR, etc.) 3547' GL 3560' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6915'	Tubing Depth 7650'
Perforations 6915-6919			Depth Casing Shoe -

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	377'	400 sks.
12-1/4"	9-5/8"	4495'	1925 sks.
8-3/4"	7"	7650'	600 sks.

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 2-11-83	Date of Test 2-14-83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 600#	Casing Pressure Pkr.	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 173	Water-Bbls. 220	Gas-MCF 914 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donnell Green
(Signature)
Production Clerk
(Title)
3-15-83
(Date)

OIL CONSERVATION DIVISION

MAR 18 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

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-101 must be filed for each pool in multiple completed wells.

RECEIVED

MAR 17 1983

G.C.D.
HOBBS OFFICE