

NEW MEXICO OIL CONSERVATION COMMISSION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>AMERADA Hess Corporation</u>				Lease <u>State D "A"</u>		Well No. <u>1</u>	
Location of Well		Unit <u>L</u>	Sec <u>16</u>	Twp <u>21</u>	Rge <u>37</u>	County <u>Lea</u>	
Name of Reservoir or Pool			Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size	
Upper Compl <u>Eumont</u>			<u>Gas</u>	<u>Flow</u>	<u>Csg.</u>	<u>2"</u>	
Lower Compl <u>Drinkard</u>			<u>OIL</u>	<u>Flow</u>	<u>Tbg</u>	<u>24/64</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 Am 5-21-73

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:00 Am 5-22-73</u>		
Indicate by ( X ) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>140</u>	<u>400</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>No</u>
Maximum pressure during test.....	<u>140</u>	<u>20</u>
Minimum pressure during test.....	<u>140</u>	<u>0</u>
Pressure at conclusion of test.....	<u>140</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>-</u>	<u>20</u>
Was pressure change an increase or a decrease?.....	<u>-</u>	<u>Decrease</u>
Well closed at (hour, date): <u>9:00 Am 5-23-73</u>	Total Time On Production <u>24 hours</u>	
Oil Production	Gas Production	
During Test: <u>6.35</u> bbls; Grav. _____	During Test <u>50.37</u> MCF; GOR <u>7,932</u>	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:00 Am 5-24-73</u>		
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>140</u>	<u>400</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>No</u>
Maximum pressure during test.....	<u>180</u>	<u>500</u>
Minimum pressure during test.....	<u>140</u>	<u>400</u>
Pressure at conclusion of test.....	<u>180</u>	<u>440</u>
Pressure change during test (Maximum minus Minimum).....	<u>40</u>	<u>100</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Increase</u>
Well closed at (hour, date): <u>9:00 Am 5-25-73</u>	Total time on Production <u>24 hours</u>	
Oil Production	Gas Production	
During Test: <u>-</u> bbls; Grav. _____	During Test <u>20</u> MCF; GOR <u>-</u>	
Remarks _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved \_\_\_\_\_ 19\_\_\_\_  
New Mexico Oil Conservation Commission

Operator AMERADA Hess Corp

By \_\_\_\_\_

By \_\_\_\_\_

Title Area Superintendent

Title \_\_\_\_\_

Date 5-29-73

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

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
Amerada Hess Corporation

Address  
Drawer "D", Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Change in Transporter of Oil eff.  
9-1-72

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State D "A"	1	Drinkard	State, Federal or Fee State	B-85
Location				
Unit Letter	L	660 Feet From The	West Line and	1980 Feet From The
Line of Section	16	Township	21-S	Range
			37-E	, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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)
Texas-New Mexico Pipe Line Company 22628	P.O. Box 1510, 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 Co. 20920	P.O. Box 1351, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 16 21-S 37-E Yes

If this production is commingled with that from any other lease or pool, give commingling order number: PC-427

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

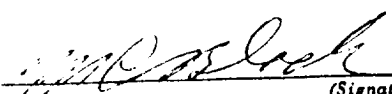
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

  
(Signature)  
Supper., Admin. Services  
(Title)  
9-5-72  
(Date)

OIL CONSERVATION COMMISSION

SEP 7 1972  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Orig. Signed by  
Joe D. Ramey  
Dist. I, Supv.  
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 multiple completed wells.



RECEIVED

SEP 1972

OIL CONSERVATION COMM.  
HOBBS, W. M.

All sections of this form must be filled out completely, for efficient processing and interpretation of the data.

RECEIVED

AUG 12 1971

OIL CONSERVATION COM.  
HOBBES, N. M.