

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-104a
Effective 1-1-65

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FEDERATION	
SANTA FE	
FILE	
INDEX	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator Amerada Hess Corporation	
Address Box 591 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
Now Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	Other (Please explain) CHANGE NAME FROM AMERADA INC. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "DC"	Well No. 2	Pool Name, including Formation Haddock	Kind of Lease State, Federal or Fee State	Lease No. B1040
Location Unit Letter E ; 2310 Feet From The N Line and 886.4 Feet From The W Line of Section 19 Township 21S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Co.	Address (Give address for which approved copy of this form is to be sent) Box 1510 - Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Skelly Oil Co.	Address (Give address for which approved copy of this form is to be sent) Elmire, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 19	Twp. 21S	Rge. 37E	Is gas currently connected? Yes	When 3-6-65

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Kind, Infl. Entry
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevation (DI, REB, 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 fluid oil and must be equal to or exceed top allowable for this depth or to full 24 hours.)

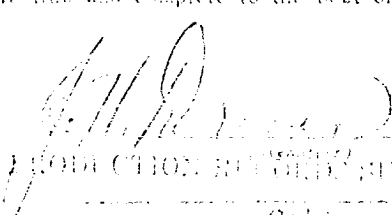
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-BBLs	Water-BBLs	Gas-MCF

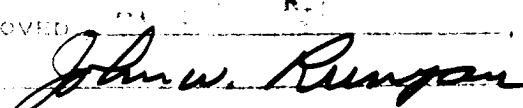
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	BHE, Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back prod.)	Tubing Pressure (psi, t-in.)	Casing Pressure (psi, t-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.


PRODUCTION SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION	
APPROVED	19
	
BY	
TITLE	
This form is to be filed in compliance with rules 4104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a statement of the depth of the test to be run on the well in accordance with Rule 4104.	
All sections of this form must be filled out completely for allow-	

RECEIVED

AUG 11 197

OIL CONSERVATION
HOBBS, N. M.