

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
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-114
Effective 1-1-65

Operator <u>Amerasia Hess Corporation</u>	
Address <u>Drawer D, Monument, New Mexico 88265</u>	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State WE "B"</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Eumont Yates 7R Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-392</u>
Location				
Unit Letter <u>C</u> : <u>780</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>21S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648, Houston, Texas 77001</u>	
Name of Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79999</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>1</u>
	Twp. <u>21S</u>	Rge. <u>35E</u>
	Is gas actually connected? <u>No</u> When	

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 Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>1-12-80</u>	Date Compl. Ready to Prod. <u>2-26-80</u>		Total Depth <u>3360'</u>		P.B.T.D. <u>3326'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3553' GL</u>	Name of Producing Formation <u>Eumont Yates 7R Queen</u>		Top Oil/Gas Pay <u>3160'</u>		Tubing Depth <u>3318'</u>			
Perforations <u>Open hole fr. 3160' to 3326'</u>					Depth Casing Shoe <u>3160'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>326'</u>		<u>275 sks.</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>3160'</u>		<u>1000 sks.</u>			

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 ex-

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 <u>255</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Test Pressure (shut-in) <u>580#</u>	Tubing Pressure (shut-in) <u>580#</u>	Casing Pressure (shut-in) <u>580#</u>	Choke Size <u>32/64"</u>

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.

Supv. Adm. Ser.

3-4-80

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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 ownership, well name or number, or transporter or other such change of conditions.

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