

DISTRIBUTION	
SALE TAX	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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-110
Effective 1-1-65

Operator Amerada Hess Corporation	
Address Drawer "D", Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. Corrigan	Well No. 6	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter B	2051	Feet From The East	Line and 721	Feet From The North	
Line of Section 4	Township 22 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)					
Shell Pipe Line Company	P.O. Box 2648, Houston, Texas 77001					
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 Company	P.O. Box 1351, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 4	Twp. 22 S	Rge. 37 E	Is gas actually connected? Yes	When 2/5/75

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 425

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date XXXX Workover 11/4/75	Date Compl. Ready to Prod. 12/8/75	Total Depth 7698'	P.B.T.D. 6655'					
Elevations (DF, RKB, RT, GR, etc.) 3466 DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5597'	Tubing Depth 7698'					
Perforations 5597, 5603, 5611, 5618, 5626, 5635, 5649, 5654, 5657, 5662, 5666, 5691, 5705, 5713, 5718, 5722, 5729, 5733, 5740, 5751, 5753, 5760, 5763, 5772,	Depth Casing Shoe 7698'							
TUBING, CASING, AND CEMENTING RECORD 5780, 5786, 5791, 5795, 5816, 5822,								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 5827'					
17 1/2"	13-3/8"	198'	200 SX					
11"	8-5/8"	2759'	1000 SX					
7-5/8"	5-1/2"	7698'	500 SX					

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 11/12/75	Date of Test 12/9/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 120 Bbls. Fluid	Oil - Bbls. 45	Water - Bbls. 75	Gas - MCF 79.49

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

H. Porter
(Signature)

Supvr. Admin. Services
(Title)

12/10/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 multiply completed wells.