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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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"/>	Request temporary commingling permit to commingle Abo production w/Drinkard, Blaineby gas & tubb gas production.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter B	2051	Feet From The East	Line and 721	Feet From The North
Line of Section 4	Township 22S	Range 37E	, 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"/>	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. 22S	Rge. 37E	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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spud Workover 2-3-75	Date Compl. Ready to Prod. 3-3-75		Total Depth 7698'		P.B.T.D. 7375'			
Elevations (DF, RKB, RT, GR, etc.) 3466' DF	Name of Producing Formation Abo		Top Oil/Gas Pay 6744'		Tubing Depth 6720'			
Perforations 6744' to 6752', 6844' to 6854', 6868' to 6880', 6943'-6948' 1/SPF 7056' to 7070', 7164' to 7170', 7234' to 7240', 7262' to 7270'					Depth Casing Shoe 7698'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		198'		200 SX.			
11"	8-5/8"		2759'		1000 SX.			
7-7/8"	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)

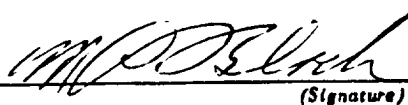
Date First New Oil Run To Tanks 2-10-75	Date of Test 3-5-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 32 Bbls. fluid	Oil - Bbls. 24	Water - Bbls. 8	Gas - MCF 54

GAS WELL

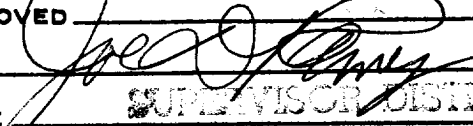
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
Supver., Admin. Services
(Title)
3-10-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE SUPERVISOR DISTRICT I

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 transport or other such change of condition.

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

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CALIFORNIA COAST GUARD COMM.
LOS ANGELES, CALIF.