

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

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 checked="" type="checkbox"/>	Oil <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry 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. 7	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter H	1980	Feet From The North	Line and 990	Feet From The East
Line of Section 4	Township 22-S	Range 37-E	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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) 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: Yes - PC425

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v. X
Date Spaced Workover 10-21-75	Date Compl. Ready to Prod. 10-27-75	Total Depth 7646'	P.B.T.D. 7545'					
Elevations (DF, RKB, RT, GR, etc.) DF 3459	Name of Producing Formation Tubb	Top Oil/Gas Pay 5935'	Tubing Depth 5918'					
Perforations 5993', 5997', 6005', 6007', 6024', 6039', 6127', 6129', 6138', 6142', 6145', 6148', 6156', 6167', 6177', 6179', 6181', 6188', 6190', 6193', 6195', 6215', 6217', 6228', 6245', 6348', 6269'		Depth Casing Shoe 7646'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	36"	216'	200 sx				
11"	8-5/8"	32"	2760'	522 sx				
7-3/8"	5 1/2"	17 1/4"	7646'	450 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 10-27-75	Date of Test 11-8-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 100	Corrected Gravity 37.3	Choke Size 24/64
Actual Prod. During Test 55	Oil-Bbls. 35	Water-Bbls. 20	Gas-MCF 301

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.



Superintendent

(Title)

11-13-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 transporter, or other such change of condition.

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