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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 ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. B. Baker	Well No. 3	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2047 Feet From The South Line and 638 Feet From The East Line of Section 10 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3316 - Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10	Twp. 22S	Rge. 37 E	Is gas actually connected? Yes	When 3-12-74

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.
			X		X				X
Date Spudded 12-3-73	Date Compl. Ready to Prod. 1-6-74	Total Depth 6496			P.B.T.D. 6406				
Elevations (DF, RKB, RT, GR, etc.) 3390 DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6205'			Tubing Depth 6166				
Perforations 6205' to 6404' Selectively w/67 shots					Depth Casing Shoe 6496'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		215'		200				
11"	8 5/8		2660'		1000				
7 3/8"	5 1/2"		6496		350				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

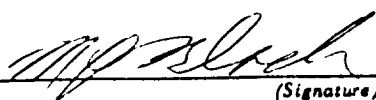
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

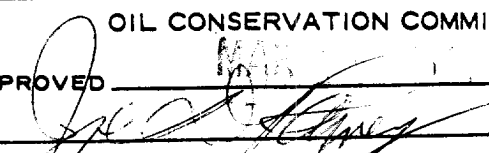
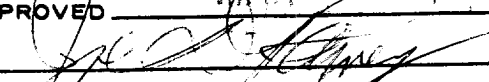
GAS WELL

Actual Prod. Test-MCF/D 562	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Back Press	Tubing Pressure (Shut-in) 200#	Casing Pressure (Shut-in) --	Choke Size 3/4

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)  
Supervisor, Administrative Services  
(Title)  
March 12, 1974  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED  , 19  
BY   
TITLE SUPERVISOR

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.