

NO. OF COPIES RECEIVED		
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

Operator Amerada Hess Corporation	
Address P.O. 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 checked="" 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 \_\_\_\_\_

Lease Name A.B. Baker		Well No. 4	Pool Name, Including Formation Blinebry Gas	Kind of Lease State, Federal or Fee	Lease No. Fee
Location					
Unit Letter	P	880	Feet From The	South	Line and 880
			Feet From The	East	
Line of Section	10	Township	22-S	Range	37-E
				NMPM,	Lea
					County

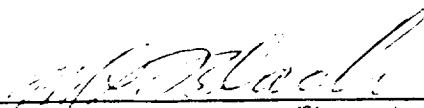
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipe Line Company		P.O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead 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)	
Northern Natural Gas Company		P.O. Box 3316, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 10	Twp. 22-S
			Rge. 37-E
			Is gas actually connected? No
			When

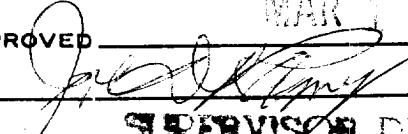
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X		X		X		X
Date Spudded 10-1-73	Date Compl. Ready to Prod. 12-1-73	Total Depth 6475'		P.B.T.D. Pkr. @ 5700'					
Elevations (DF, RKB, RT, GR, etc.) 3337' DF	Name of Producing Formation Blinebry Gas	Top Oil/Gas Pay 5422'		Tubing Depth					
Perforations Selectively from 5422' to 5686' with 74 holes.		Depth Casing Shoe 6475'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/4"	13"	133'		200					
11"	8-5/8"	2670'		1550					
7-7/8"	5-1/2"	6475'		600					

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	

Actual Prod. Test-MCF/D 1242 MCFPD		Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 500	Casing Pressure (Shut-in) 600	Choke Size 24/64"	

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.	
	
Supvr., Admin. Services	
(Title)	
1-17-74	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY 	
TITLE SUPERVISOR DISTRICT 1	
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.	