NO. OF COPIES RECE	IVED		
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

T	FILE			AND				
	U.S.G.S.	AUTI	HORIZATION TO TRAN	ISPORT OIL AND NA	TURAL G	AS		
[LAND OFFICE							
	TRANSPORTER GAS							
-	OPERATOR							
+	PRORATION OFFICE							
†	Operator							
		Hess Corpor	ation					
	ddress IIDII Manumont Nov Movi og 88265							
-	Drawer "D" - Monument, New Mexico 88265 eason(s) for filing (Check proper box) Other (Please explain)							
	New We!!		e in Transporter of:	Request	lO-day t	esting allowab	le to test	
	Recompletion	Oil	Dry Gas	Blinebry	Gas Zon	e.		
1	Change in Ownership	Casing	nhead Gas Condens	ate				
,	f change of ownership give na	me						
	and address of previous owner				<u></u>			
	DESCRIPTION OF WELL A	ND LEASE						
	Lease Name	Well N	No. Pool Name, Including For	1.	Kind of Leas State, Federa		Lease No.	
	A. B. Baker	4	Blinebry Gas			l or Fee Fee		
	Location P	880' _	South Ine	880'	B	The East		
	Unit Letter;_	Feet	From The SOUTH Line	and880'	_Feet From	1 ne		
	Line of Section 10	Township 22	2-S Range 3	7-E , NMPM,		Lea	County	
1	Line of Section = 0						_	
ı.	DESIGNATION OF TRANS	PORTER OF O	IL AND NATURAL GAS	Address (Give ciddress to	which appro	ved copy of this form is	to be sent)	
	Name of Authorized Transporter	of Oil XX	or Condensate	Address (Othe Cauress to		Texas 79701		
	Texas New Mexi	of Casinghead Gar	s X or Dry Gas	Address (Give address to	which appro	ved copy of this form is	to be sent)	
	Skelly Oil Com		السباء المها -	Box 1351 - 1				
			Sec. Twp. Rge.	Is gas actually connected		en		
	If well produces oil or liquids, give location of tanks.	P	10 22-S 37-E	Yes	·	10-2-73		
	If this production is comming!	ed with that from	n any other lease or pool,	give commingling order	number:		· · · · · · · · · · · · · · · · · · ·	
١.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Com	pletion - (X)	OII.Well Gas well	1 · · · · · · · · · · · · · · · · · · ·	1	1		
	Date Spudded		pl. Ready to Prod.	Total Depth	<u>, l</u>	P.B.T.D.		
	Date Spaces							
	Elevations (DF, RKB, RT, GR,	etc.j Name of P	Producing Formation	Top Oil/Gas Pay		Tubing Depth		
				L		Depth Casing Shoe		
	Perforations		•					
	TUBING, CASING, AND CEMENTING				RECORD			
	HOLE SIZE	CAS	SING & TUBING SIZE	DEPTH SE		SACKS CE	MENT	
					<u></u>			
								
	AND DECAME	ST FOR ALLO	WARTE (Test must be a	fter recovery of total volume	ne of load oi	l and must be equal to or	exceed top allou	
V.	TEST DATA AND REQUE	SI FUR ALLU	able for this de	pth or be for full 24 hours)			
	Date First New Oil Run To Tan	ks Date of T	est	Producing Method (Flow	, pump, gas	lift, etc.)		
				Casing Pressure		Choke Size		
	Length of Test	Tubing P	tessme	Casing Pressure				
	D. J. D. J. D. J. D. Tool	Oil-Bble		Water - Bbls.		Gas-MCF		
	Actual Prod. During Test							
	1							
	GAS WELL			1511 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Gravity of Condensa		
	Actual Prod. Test-MCF/D	Length of	i Test	Bhis. Condensate/MMC	•	Gravity or condensa	.5	
		Tubing P	ressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	Testing Method (pitot, back pr.) I disting F	1000 mar (900 c-211)					
	CERTIFICATE OF COMP	LIANCE		OIL	CONSERV	ATION COMMISSI	ON	
1	CERTIFICATE OF COMP	LIANCE					10	
	I hereby certify that the rule	a and regulation	s of the Oil Conservation	APPROVED			., 19	
	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.		BY					
			TITLE					
		Л						
	and and			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation.				
	monsta.	(E)						
	SUPVR., ADN. SEE	(Signature)		the taken on the well in accordance with Rose				
	DULTE-4 EDEC DE	(Title)		All sections of	All sections of this form must be filled out completely for allow able on new and recompleted wells.			
	0.00	(/		apre ou uem sud tecombiared marra.				

(Date)

OCT

3 1973

Fill cut 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.