

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

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 L.W. Walden	Well No. 6	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>731</u> Feet From The <u>South</u> Line and <u>731</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED

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) Box 2648 - Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 6-15-75

If this production is commingled with that from any other lease or pool, give commingling order number: PC-430

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-22-75	Date Compl. Ready to Prod. 6-16-75	Total Depth 8090'	P.B.T.D. 6408'					
Elevations (DF, RKB, RT, GR, etc.) 3406' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6339'	Tubing Depth 6307'					
Perforations Selectively - 6339' to 6383'	Depth Casing Shoe 8090'							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13 3/8"	173'	200
11"	8-5/8"	2762'	1550
7-3/8"	5-1/2"	8090'	650

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 6-16-75	Date of Test 6-16-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 50#	Casing Pressure	Choke Size 3 2/64"
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 0	Gas - MCF 170

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.

OIL CONSERVATION COMMISSION
APPROVED JUN 25 1975, 19
BY John W. Runyan
TITLE Geologist

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 deviated 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 multiple completed wells.

W.D. Black
(Signature)
Supvr., Admin. Services
(Title)
6-24-75
(Date)