

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
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: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Other (Please explain) Effective 5-1-82

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State P "A"	Well No. 3	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter B ; 2100 Feet From The East Line and 660 Feet From The North				
Line of Section 17 Township 22 S. Range 37 E. NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Getty 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. 17	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When

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	Some Rev./Off. Rec.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations: DF, RAB, RT, GR, etc.	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 100% of allowable for this depth or be for full 24 hours)

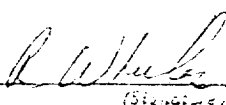
Date First New Oil Run To Tanks	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Solids	Water-Solids	Gas-MOP

GAS WELL

Actual Prod. Test-MOP/G	Length of Test	Solids Condensate/MMOP	Gravity of Condensate
Testing Method (pilot, back prod.)	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.


(Signature)

Production Clerk

(Title)

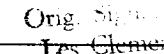
April 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APR 8 1982

APPROVED _____, 19

BY 
Les Clements
Oil & Gas Insp.

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or deepens 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.