

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE COPIES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PERMITS OFFICE	

Operator

Amerada Hess Corporation

Address

Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 2. DESCRIPTION OF WELL AND LEASE

Lease Name State PA	Well No. 4	Pool Name, including Formation Arrowhead G/SA	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter <u>K</u> : <u>1880</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>18</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

## 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u> Permian (Eff 9/1/87)	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Co. Yacaca</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1351, Midland, Texas 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>17</u>
	Twp. <u>22S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yea</u> When <u>--</u>	

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

## 4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	<u>X</u>					<u>X</u>		<u>X</u>
Date Spudded <u>3-25-78</u>	Date Compl. Ready to Prod. <u>4-9-85</u>	Total Depth <u>6763'</u>	P.B.T.D. <u>6450</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3436' KB</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3840'</u>	Tubing Depth <u>3903'</u>					
Perforations <u>3844' - 3860'</u>	Depth Casing Shoe <u>6762'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>1174'</u>	<u>525 sks</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>6762'</u>	<u>4585 sks</u>					

## 5. 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 <u>4-9-85</u>	Date of Test <u>5-3-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump - 2" x 1-1/2" x 16' RWBC</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil-Bbls. <u>20</u>	Water-Bbls. <u>185</u>	Gas-MCF <u>26 MCFPD</u>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 6. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. & Fisher  
(Signature)Supv. Adm. Ser.  
(Title)5-6-85  
(Date)

OIL CONSERVATION DIVISION

MAY 9 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Eddie W. Seay  
Oil & Gas Inspector

TITLE \_\_\_\_\_

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 Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
MAY 8 1985  
HARRIS COUNTY