

NEW YORK STATE OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-1  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

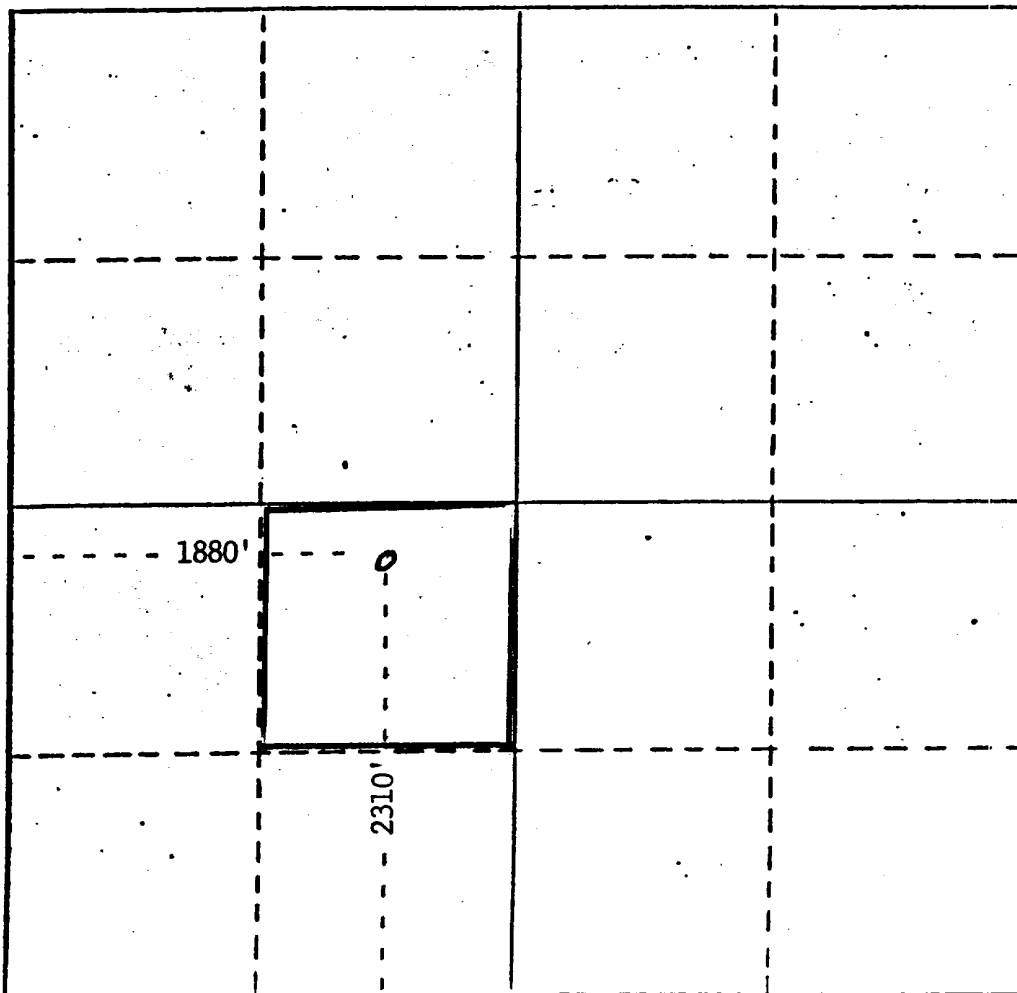
Operator <b>Amerada Hess Corporation</b>		Lease <b>State PA</b>		Well No. <b>4</b>
Unit Letter <b>K</b>	Section <b>18</b>	Township <b>22S</b>	Range <b>37E</b>	County <b>Lea</b>
Actual Footage Location of Well:				
<b>2310</b> feet from the <b>South</b> line and		<b>1880</b> feet from the <b>West</b> line		
Ground Level Elev. <b>3425'</b>	Producing Formation <b>Grayburg</b>	Pool <b>Arrowhead</b>	Dedicated Acreage <b>40</b>	Acre:

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

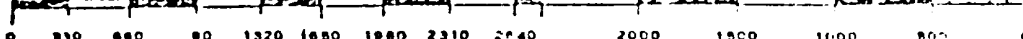
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **E. B. Zisk**  
Position **Supv. Adm. Ser.**  
Company **Amerada Hess Corporation**  
Date **March 26, 1985**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed \_\_\_\_\_  
Registered Professional Engineer and/or Land Surveyor \_\_\_\_\_

Certificate No. \_\_\_\_\_



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	GAS
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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-  
Effective 1-1-55

I.

Operator <b>Amerada Hess Corporation</b>	
Address <b>Drawer D, Monument, New Mexico 88265</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) <b>Effective 5-1-82</b>
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State P "A"</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Free State <b>State</b>	Lease No. <b>B-934</b>
Location Unit Letter <b>K</b> <b>1880</b> Feet From The <b>West</b> Line and <b>2310</b> Feet From The <b>South</b> Line of Section <b>18</b> Township <b>22 S.</b> Range <b>37 E.</b> <b>NMPM</b> <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1351, Midland, Texas 79701</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>17</b>	Twp. <b>22-S</b>	Rge. <b>37-E</b>
				Is gas actually connected? <b>Yes</b> 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	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)

Production Clerk

(Title)

April 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 8 1982**, 19  
BY **Orig. Signed by**  
**Les Clements**  
TITLE **Oil & Gas Insp.**

This form is to be filed in compliance with RULE 1101.

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.

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MAR 13 1978

OIL CONSERVATION COMM.  
HOBBS, N. M.