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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 C-110
Effective 1-1-65

Operator Amerada Hess Corporation	
Address Drawer D, Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State P "A"	Well No. 4	Pool Name, Including Formation Eunice Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter K ; 1880 Feet From The West Line and 2310 Feet From The South Line of Section 18 Township 22-S Range 37-E , NMPM, Lea 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"/> P & O Falco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Shreveport, Louisiana 71161	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1351, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17
	Twp. 22-S	Rge. 37-E
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-25-78	Date Compl. Ready to Prod. 6-7-78		Total Depth 6763'		P.B.T.D. 6622'			
Elevations (DF, RKB, RT, GR, etc.) 3436' KB	Name of Producing Formation Eunice Drinkard		Top Oil/Gas Pay 6520'		Tubing Depth 6485'			
Perforations 6520', 6522', 6530', 6532', 6534', 6539', 6542', 6548', 6559', 6577', 6581', 6591', 6594', 6597', 6607', 6613'					Depth Casing Shoe 6762'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1174'		525 sks.			
7-7/8"	5-1/2"		6762'		4585 sks.			

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 5-5-78	Date of Test 6-8-78	Producing Method (Flow, pump, gas lift, etc.) Pumped - 2" x 1-1/4" x 12' x 16' RHBC	
Length of Test 16 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 52	Water-Bbls. 78	Gas-MCF 27 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 2
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.

E.B. Fisher
(Signature)
Supv. Adm. Ser.
(Title)
6-8-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **John W. Thompson**, 19____
BY **Geologist**
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 Forms C-104 must be filed for each pool in multiply completed wells.

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