		····								
	DETRIBUTION SANTA FE FILE	NEW MEXICO OIL C REQUEST	Supersedes	Form C +104 Supersedes Old C+104 and C+ Effective 1+1+65						
	U.S.G.L. LAND OFFICE INANSPORTER OIL GAS OPERATOR DODATION OFFICE	AUTHORIZATION TO TRA	NSPORT	OIL AND NATURAL	GAS					
1.	Operation OFFICE Operator Amerada Hess Corporation	on								
	Address Box 591 - Midland, Texa	9.5								
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Oil Dry Gate Dry			Other (Please explain)CH AMERAI	AMERADA DIV. DA HESS CORPORATIC	ADA DIV. S CORPORATION				
	Change in Ox.ership	Casinghead Gas Conder	nsate	TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971						
	If change o, ownership give name and address of previous owner									
Ħ.	DESCRIPTION OF WELL AND	LEASE		`						
	Leose Name State LM "T" Location	Well No. Pool Name, Including F 7Y Langlie Matti		Kund of Leo State, Fode	ral or Fee State	B1431				
	Unit Letter C : 710 Feet From The N Line and 1980 Feet From The W									
	Line of Section 36 Tow	unship 235 Range 3	<u>6e</u>	, NMPM. Lea		County				
m.	DESIGNATION OF TRANSPORT		Address	Give address to which and	round copy of this form	is to be sent l				
	Nome of Authorized Transporter of Oil Shell Pipe Line Co. Nome of Authorized Transporter of Cas		Box 2	ddress (Give address to which approved copy of this form is to be sent) Box 2648 - Houston, Texas ddress (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas Co	and the second		Jal, New Mexico						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Page. E 36 23S 36E	ls gas ac Yes	tually connecsed?	^{Then} Unknown					
۶V.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Off Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Rest									
	Designate Type of Completion		I I I I I I I I I I I I I I I I I I I	i i		l l				
	Date Spudded	Date Compl. Ready to Prod.	Total De		P.B.T.D.					
	Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/	as hay	Tubing Depth					
	Perforations Depth Casing Shoe									
	HOLE SIZE	TUBING, CASING, AN	D CEMEN	DEPTH SET	SACKS C	SACKS CEMENT				
			·							
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recover	ry of total volume of load o or full 24 hours)	il and must be equal to	or exceed top all				
	OII, WELL able for fair up Date First New Oil Run To Tanks Date of Test			g Method (Flow, pump, gas	lift, etc.)					
	Length of Teat	Tubing Pressure .	Casing P	lessme	Choke Size	Choke Size				
	Actual Prod. During Test	Oll-Bble.	Water - Bi	ole.	Gas • MCF					
	l	<u> </u>	1							
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test		ndensate/MMCF	Gravity of Condens	J:•				
	Testing Mathod (pitot, back pr.)	Tubing Pressure (6hut-in)	Casing F	ressuro (Shut-1n)	Choke Sixe					
VI.	CERTIFICATE OF COMPLIANCE		APPR	医纤维素	ATION COMMISS	ION				
	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 bellef.		11	John w	Runge	<u>en</u>				
	Anth			TITLE Geologist						
	All river			This form is to be filled in compliance with RULE 1104. If this is request for allowable for a newly drilled or despen well, this form must be accompanied by a tobulation of the deviation						
	PRODUCTION RÉCO	RDS SUPERVISOR	tects	aken on the well is acc I sections of this form i	cordence with RULE must be filled out con	111.				
	(7)	ite)	11 4147	n n n n n n n n n n n n n n hat that tha						

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AUG 111971 OIL CONSERVATION COMM. HOBBS, N. M.