

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

60924

STRICT II
 D. Drawer DD, Azusa, NM 88210

STRICT III
 00 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator AMERADA HESS CORPORATION	Well API No. 3002511935
Address DRAWER D, MONUMENT, NEW MEXICO 88265	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator EFFECTED 11/1/91	

I. DESCRIPTION OF WELL AND LEASE

Lease Name C.C. CAGLE C	Well No. 1	Pool Name, including Formation JALMAT/YATES	Kind of Lease <u>State</u> /Federal or Fee	Lease No.
Location				
Unit Letter D	: 990	Feet From The NORTH	Line and 990	Feet From The WEST Line
Section 3	Township 26 29S	Range 37E	, NMPM, LEA County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
SID RICHARDSON	FT. WORTH, 1ST CITY BANK TOWER, 201 MAIN, TX. 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:
SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing 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. OPERATOR 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.

Cindy Robertson
 Signature
CINDY ROBERTSON ADMIN. STAFF ASSIST.
 Printed Name
11/18/91 **505-393-2144**
 Date Telephone No.

OIL CONSERVATION DIVISION

NOV 21 1991

Date Approved _____
 By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
 Title _____

FOR RECORD ONLY APR 30 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 28 1993
OCD HOBBS OFFICE