

NO PREVIOUS RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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-105
Effective 1-1-65

Operator
Amerada Hess Corporation

Address
P. O. Box 591, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	☐	Change In Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change In Ownership	☐	Casinghead Gas	☐	Condensate	☐

CHANGE NAME FROM
AMERADA DIV.
AMERADA HESS CORPORATION
TO: AMERADA HESS CORPORATION
EFFECTIVE AUG. 1, 1971

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
Langlie Mattix Woolworth Unit

Well No.
503

Pool Name, including Formation
Langlie Mattix

Kind of Lease
State, Federal or Fee Fee

Location

Unit Letter C; 1780' Feet From The West Line and 860' Feet From The North

Line of Section 27 Township 24-S Range 37-E, NMPL, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
Box 2648-Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)
Box 1384-El Paso, Texas 79948

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
I	28	24-S	37-E	Yes	

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

COMPLETION DATA

Designate Type of Completion - (X)

☒ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Redrill	☐ Plug Back	☐ Same Res't	☐ Diff. Res't
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Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, FKB, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of leased 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

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

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 RECORDS SUPERVISOR

(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971

BY John W. Ramsey

TITLE Geologist

This form is to be filled 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 device tests taken on the well in accordance with RULE 1111.

All portions of this form must be filled out completely for all wells.

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RECEIVED

AUG 11 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**