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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
SEP 12 3 19 PM '68

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NAME CHANGE
AMERADA PETROLEUM CORP.
TO AMERADA HESS CORP.
EFFECTIVE July 1, 1969

| | |
|--|---------------------------------------|
| Operator Amerada Petroleum Corporation | |
| Address P. O. Box 668 - Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | To Change Well Name & Number |
| Recompletion <input type="checkbox"/> | Effective 9-1-68. from Langlie Mattix |
| Change in Ownership <input type="checkbox"/> | Woolworth Unit Tr. 9 Well #3. |

If change of ownership give name and address of previous owner

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| I. DESCRIPTION OF WELL AND LEASE | |
| Lease Name Langlie Mattix Woolworth Unit 903 | Well No. 711 |
| Pool Name, Including Formation Langlie Mattix | Kind of Lease State, Federal or Fee |
| Location Unit Letter K, 2310 Feet From The West Line and 1980 Feet From The South | Lease No. Fee |
| Line of Section 33 | Township 24-S |
| Range 37-E | NMPM, Lea County |

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| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Shell Pipe Line Corp. | P. O. Box 1598 - Hobbs, N. M. |
| 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) |
| El Paso Natural Gas Co. | P. O. Box 1492 - El Paso, Texas |
| 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:

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| V. 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. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |
| Perforations | Top Oil/Gas Pay |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| DEPTH SET | |
| SACKS CEMENT | |

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| 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 |
| Length of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Actual Prod. During Test | Tubing Pressure |
| | Casing Pressure |
| | Choke Size |
| | Water - Bbls. |
| | Gas - MCF |

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|----------------------------------|---------------------------|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test |
| Testing Method (pitot, back pr.) | Bbls. Condensate/MMCF |
| | Gravity of Condensate |
| | Casing Pressure (Shut-in) |
| | Choke Size |

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| 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) | |
| Asst. Dist. Supt. | |
| (Title) | |
| 9-4-68 | |
| (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED | 19 |
| BY | |
| 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. | |