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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION 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<br>Amerada Petroleum Corporation   |  | NAME CHANGE<br>AMERADA PETROLEUM CORP.<br>TO AMERADA HESS CORP.<br>EFFECTIVE MAY 1, 1968  |
| Address<br>P. O. Box 668 - Hobbs, New Mexico  |  |   |
| Reason(s) for filing (Check proper box)<br>New Well <input type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Ownership <input type="checkbox"/> |  | Other (Please explain)<br>To Change Well Name & Number<br>Effective 9-1-68. from Langlie Mattix<br>Woolworth Unit Tr. 15 Well #2. |
| Change in Transporter of:<br>Oil <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/>  |  | Dry Gas <input type="checkbox"/><br>Condensate <input type="checkbox"/>   |

If change of ownership give name and address of previous owner

|  |                |  |   |           |
|--|----------------|--|---|-----------|
| DESCRIPTION OF WELL AND LEASE  |                |  |   |           |
| Lease Name<br>Langlie Mattix Woolworth Unit 152  | Well No.<br>TA | Pool Name, Including Formation<br>Langlie Mattix | Kind of Lease<br>State, Federal or Fee<br>Fee | Lease No. |
| Location<br>Unit Letter I ; 990 Feet From The East Line and 1650 Feet From The South<br>Line of Section 34 Township 24-S Range 37-E , NMPM, Lea County |                |  |   |           |

|   |           |  |              |              |
|---|-----------|--|--------------|--------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |           |  |              |              |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Shell Pipe Line Corp.           |           | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1598 - Hobbs, New Mexico |              |              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. |           | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492 - El Paso, Texas    |              |              |
| If well produces oil or liquids, give location of tanks.  | Unit<br>I | Sec.<br>28   | Twp.<br>24-S | Rge.<br>37-E |
|   |           | Is gas actually connected?<br>Yes  |              | When         |

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 | 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 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 (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

|  |  |  |  |
|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE  |  | OIL CONSERVATION COMMISSION  |  |
| 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. |  | APPROVED _____, 19____   |  |
|  |  | BY _____   |  |
|  |  | TITLE SUPERVISOR DISTRICT  |  |
| Asst. Dist. Supt.<br>(Title)   |  | This form is to be filed in compliance with RULE 1104.   |  |
| 9-4-68<br>(Date)   |  | 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.  |  |