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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROBATION 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 <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Other (Please explain) 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 | |

| | | | | | | | |
|---|--|-----------------|--|--|--|-----|-----------|
| Lease Name Langlie Mattix Woolworth Ut. | | Well No. 131 | Pool Name, including Formation Langlie Mattix 7 R Q | | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 34 Township 24S Range 37E * , NMPM, Lea County | | | | | | | |

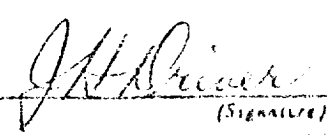
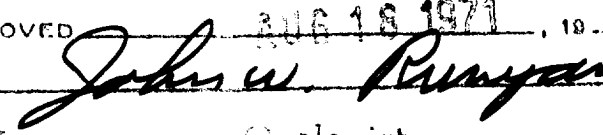
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|---|-----------|--|-------------|-------------|-----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company | | Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company | | Address (Give address to which approved copy of this form is to be sent) Box 1384, El Paso, Texas | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 28 | Twp. 24S | Rge. 37E | Is gas actually connected? Yes | When |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|----------|-----------|--------------|-------------------|--------------|------------|------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Res. |
| 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 | | |
| | | | | | | | | | |
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| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of sand oil and must be equal to or exceed top oil able 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 (piston, 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 AUG 18 1971, 19 | |
|  (Signature) | | BY  Geologist | |
| PRODUCTION RECORDS SUPERVISOR (Title) | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells. | |

RECEIVED

AUG 11 1971

OIL CONSERVATION COMM.
HOBBS, N. M.