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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM XN
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

Operator Amerada Hess Corporation	
Address Drawer "D", Monument, New Mexico 88265	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State NJ "A"	Well No. 1	Pool Name, including Formation N. Justis Devonian	Kind of Lease State, Federal or Fee State	Lease No. B1431
Location Unit Letter A ; 663 Feet From The North Line and 660 Feet From The East Line of Section 2 Township 25-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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) P.O. Box 2099 - Houston, Texas 77001					
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) Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 25-S	Rge. 37-E	Is gas actually connected? Yes	When 1-24-74

If this production is commingled with that from any other lease or pool, give commingling order number: PC-84

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded 1-9-74	Date Compl. Ready to Prod. 1-24-74		Total Depth 8570'		P.B.T.D. 6865'			
Elevations (D.F., RKB, RT, GR, etc.) 3163' DF	Name of Producing Formation Devonian		Top Oil/Gas Pay 6607'		Tubing Depth 6652'			
Perforations Selectively 6706' to 6836' w/ 11 holes					Depth Casing Shoe 8563'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		513'		750			
13-3/4"	10-3/4"		3418'		1500			
9-7/8"	3-1/2"		8563'		1400			
(Multiple completion + 2 strings 3-1/2" and 1 string 2-7/8" casing)								

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)

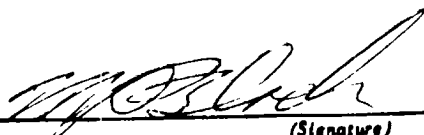
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

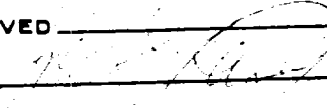
Actual Prod. Test - MCF/D 100	Length of Test 24 Hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate -
Testing Method (pitot, back pr.) Open flow	Tubing Pressure (shut-in) 50#	Casing Pressure (shut-in) -	Choke Size 20/64"

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)
Supvr., Admin. Services
(Title)
1-28-74
(Date)

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 recompleted wells.