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U.S.G.S.		
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
Effective 1-1-65

I. 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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Ida Wimberly Well No. 5 Pool Name, including Formation Justis Fusselman Kind of Lease State, Federal or Free Patent Lease No. _____
Location
Unit Letter C ; 2080' Feet From The West Line and 660' Feet From The North
Line of Section 25 Township 25-S Range 37-E , NMPM, Lea Count _____

III. 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 C Sec. 25 Twp. 25-S Rge. 37-E Is gas actually connected? Yes When 10/13/58

If this production is commingled with that from any other lease or pool, give commingling order number: _____
IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'v. ☐ 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 _____

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of flood 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 (pilot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
Harrier
(Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)
OIL CONSERVATION COMMISSION
AUG 18 1971
APPROVED _____, 19____
BY John J. Harrier
TITLE SUPERVISOR DISTRICT I
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable production of nonproducing wells.

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AUG 6 1974

OIL CONSERVATION PROGRAM
HONOLULU, HI