NO. OF COPIES REC	EIVED	
DISTRIBUTE		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	,
OPERATOR		
PRORATION OF		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLIOWABLEC.

Form C-104 Supersedes Old C-104 and C-110

FILE			80	AND	. 0. 0.	Effective 1-1-	55
U.S.G.S.		AUTH	IORIZATION TO TRA	NSPORT OIL	ANID MATURAL	_ GAS	
LAND OFFICE			MAR	22 18	ום ש		
TRANSPORTER	OIL						
THAILST SITTER	GAS					NAME CHANGE	
OPERATOR						AMERADA PETROLEUM	COPR
PRORATION OF	FICE					TO AMERADA HESS CO	
Operator	——————————————————————————————————————					EFFECTIVE July 1, 198	
Amez	mada Petro]	eum Corpo	ation			EFFECTIVE July 1, 190	3
Address				- -			
39 A	Day 660	Vehbe W	w Mexico 8824	n			
	Bex 668 -		IN MEXTON GOVE		int little		
Reason(s) for filing	(Check proper b	•			Please explain)		
New We!1	님	Change	in Transporter of:	To	change tran	sporter of oil (ff.
Recompletion		Oil	Dry Ga	⁵ ∐ 32	7-67		
Change in Ownersh	ip	Casingh	ead Gas Conder	sate			
<u> </u>			"'			· · · · · · · · · · · · · · · · · · ·	
If change of owner							
and address of pre	vious owner						
II DESCRIPTION	NE WEST AND	DIEACE					
II. DESCRIPTION (JF WELL AN	Well No	. Pool Name, Including F	ormation	Kind of Le	ease	Lease No.
	-14	8	Justis Pus		State Fed	eral or Fee 🛛 🎁 💮	
Ida Wimbe	LTh.		AMBOTS LAS	PATHER	5,5,5,7,7,0		
Location	•	1/50	10 1 %	4000		75A	
Unit Letter	}	1650 Feet F	om The North Lin	e and1980	Feet Fro	om The East	
						_	
Line of Section	25 1	Cownship	258 Range	37 E .	NMPM,	Lea	County
· · · ·							
III. DESIGNATION (OF TRANSPO	RTER OF OU	AND NATURAL GA	s			
Name of Authorized			Condensate	Address (Give ad	dress to which ap	proved copy of this form is	to be sent)
Shall Pir	e Line Cer	erne WV		P.O. Box	2099, Houst	on, Texas 77001	!
Name of Authorized	Transporter of (Castnahead Cas [or Dry Gas			proved copy of this form is	
1			or Dry Gas	!		proved copy of this form is	to be sent,
AL Paso I	latural Gas			Jal, New			
If well produces oil	or liquids,	Unit Se	1 -	Is gas actually c		When	
give location of tar	ıks.	IB	25 258 37%	Tes		2/59	
If this production	ie comminated i	with that from s	ny other lease or pool,	give commingling	order number:		
IV. COMPLETION I		with that Hom t	iny other reade or poor,	gr, o committing	-		·
		!	Oil Well Gas Well	New Well Wor	kover Deepen	Plug Back Same Re	s'v. Diff. Res'v.
Designate Ty	pe of Complet	tion = (X) ;	 	;	1		i
Date Spudded		Date Compl.	Ready to Prod.	Total Depth		P.B.T.D.	
Date Spaaded		Date Compr.	neddy to Frod.	Total Deptin			
						(F) (F) (F)	
Elevations (DF, RK	(B, RT, GR, etc.	Name of Pro	ducing Formation	Top Oil/Gas Pay	,	Tubing Depth	
				1			
Perforations						Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING R	ECORD		
HOLE	SIZE		G & TUBING SIZE		TH SET	SACKS CE	MENT
,							
							
							
				<u> </u>		i	
V. TEST DATA AN	D REQUEST	FOR ALLOW	ABLE (Test must be a	ter recovery of tot	al volume of load	oil and must be equal to or	exceed top allow-
OIL WELL			able for this de	pth or be for full 2	4 hours)		
Date First New Oil	Run To Tanks	Date of Test	;·	Producing Method	i (Flow, pump, ga.	i iiji, eic.)	
Length of Test		Tubing Pres	ente	Casing Pressure		Choke Size	
•							
Actual Prod. Durin	g Test	Oil-Bbls.		Water - Bbls.		Gas-MCF	
Actual Float Datin	d . ear	0 22.2.					
		l		<u> </u>			
GAS WELL							
Actual Prod. Test	MCF/D	Length of To	ont	Bbls. Condensate	e/MMCF	Gravity of Condensate	•
		· t					
Testing Method (pr	itot, back pr.)	Tubing Pres	swe (Shut-in)	Casing Pressure	(Shut-in)	Choke Size	
Table of the state of the	· · · · · · · · · · · · · · · · · · ·		\= #		-		
VI. CERTIFICATE	OF COMPLIA	NCE			OIL CONSER	VATION COMMISSIC	N
					<u> </u>		10
I hereby certify the	nat the rules an	d regulations o	f the Oil Conservation	APPROVED			, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				PV.			
			TITLE				
	0						
B.J. Lime				If this is a request for allowable for a newly drilled or despened			

VI.

B.J. Line	
(Signature)	
District Superintendent	
(Title)	
March 20, 1967	

(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.