

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Amerada Hess Corporation		
Address	P. O. Drawer "D", Monument, New Mexico 88265		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☒	Change in Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Fee	Lease No.
Langlie Mattix Woolworth Ut	114	Langlie Mattix	State, Federal or Fee		
Location					
Unit Letter	G	1539 Feet From The	North	Line and	2407 Feet From The
Line of Section	33	Township	24S	Range	37E
NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Company	Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	28	24S	37E	Yes	5-31-84

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 Resrv.	Diff. Resrv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-4-84	3-20-84		3818'		3770'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3247' GR	Langlie Mattix 7 Rivers		3509'		3698'			
Perforations	Queen				Depth Casing Shoe			
3668'-3685' & 3508'-3595'	OK K2				3818'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	48# & 54.5#		341'		500 SX.			
9-5/8"	36#		2950'		1000 SX.			
5-1/2"	14#		3818'		750 SX.			

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.)	
5-9-84	5-31-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
-	13	74	15

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donnell Green
(Signature)

Production Clerk

6-6-84

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 12 1984, 19

BY Eddie W. Seay
Oil & Gas Inspector

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 deviated tests taken on the well in accordance with RULE 111.

All entries on this form must be filed not 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 conditions. Separate Form C-104 must be filed for each well to maintain

RECEIVED
JUN 11 1984
O.C.D.
HOBBS OFFICE