

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Use of this  
Superseded Oil Control  
Effective 1-1-61

OPERATOR	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OF FIELD	

Amerada Hess Corporation

Address  
P. O. Box 591-Midland, Texas 79701

Revised (1) <input type="checkbox"/> Billing (Check paper tax)	Other (Please specify)	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Co-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 D. F. Larsen	Well No. 2	Pool Name, including Formation Monument Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease Patent Patent
Location				
Unit Letter C	660'	Feet From The North	Line and 1980'	Corner From The West
Line of Section 32	Township 19-S	Range 37-E	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	Box 2648-Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 1589-Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually condensate? When
Unit Sec. Twp. Rge. C 32 19-S 37-E	Yes

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	Raw Well	Workover	Recompletion	Plug Back	Some Rev'n.	Diff. In
Date Spudded	Date Compl. Ready to Prod.	Total Depth	M.E.T.D.					
Elevations (DI, RKB, RT, CR, 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 OIL WELL (Test must be after recovery of initial volume of dead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pressure, 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/Gas-MCF	Gravity of Condensate
Tubing Pressure (psi)	Tubing Pressure (psi-ft)	Casing Pressure (psi-ft)	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.

OIL CONSERVATION COMMISSION

APPROVED  
BY: *John W. Rangan*  
Geologist  
AUG 18 1971