

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104
 Supersedes Old O-104 and
 Effective 1-1-65

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

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 L. M. Lambert	Well No. 7	Pool Name, including Formation Monument Blinberry	Kind of Lease State, Federal or Fee Patent
Location Unit Letter A ; 990' Feet From The North Line and 660' Feet From The East Line of Section 6 Township 20-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"/> 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 <input checked="" type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit A Sec. 6 Twp. 20-S Rge. 37-E	Is gas actually connected? 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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, 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 total volume of dead oil and must be equal to or exceed top of 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

J. H. Driver
 PRODUCTION RECORDS SUPERVISOR
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **AUG 18 1971**
 BY *J. H. Driver*
 TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1111.
 All sections of this form must be filled out completely for all wells.