

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TREATMENT OF OIL AND NATURAL GAS

Form O-205  
Supersedes O-100 and O-1  
Effective 1-1-55

LAND AREA	
ACRES	
SECTION	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICER	

Amherst Hess Corporation  
Address: P. O. Box 591-Midland, Texas 79701

Reason(s) for filing (check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Condensate   
 Change in Ownership  Other (Please explain): CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO AMERADA HESS CORPORATION 15000 AVENUE I, DALLAS, TEXAS

If change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name: T. Anderson Well No.: 2 Pool Name, Including Formation: Menard's Grayburg Sand Austin Area of Lease: State, Federal or Fee: Fee: Lease No.:

Location: Unit Letter: N ; 660' Feet From The South Line and 1080' Feet From The West Line of Section 8 Township 20-S Range 37-E NE1/4 Lea County

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 2748 Houston, Texas 77001

Name of Authorized Transporter of Casingshead Gas  or Dry Gas : Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): Box 1244, P.O. Box 915, Brown, 74102

If well produces oil or liquids, give location of tanks: Unit: K Sec: 8 Twp: 20-S Range: 37-E Is gas naturally condensed? Yes

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Minor or Major Plug Back Some Revis. Full Revis.

Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.E.T.D.:

Elevations (D.F., R.L.B., RT, CR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:

Perforations: Depth Casing Shoe:

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump-out lift, etc.):

Length of Test: Tubing Pressure: Casing Pressure: Choke Size:

Actual Prod. During Test: Oil-PPH: Water-PPH: Gas-PPH:

GAS WELL

Actual Prod. Test-MCF/D: Length of Test: BHG, Cond. Wate/1000: Gravity of Condensate:

Producing Method (Flow, back pr.): Tubing Pressure (Flow-PPH): Casing Pressure (Flow-PPH): Choke Size:

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 here is true and complete to the best of my knowledge and belief.

*[Signature]*  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

OIL CONSERVATION COMMISSION

APPROVED: AUG 18 1971

BY: *John W. Runyan*  
 Geologist

TITLE: \_\_\_\_\_

This form is to be filed in compliance with rules and regulations of the Oil Conservation Commission. If this form is not filed in compliance with the rules and regulations of the Oil Conservation Commission, the Commission may take such action as it deems proper to enforce compliance with the rules and regulations of the Commission.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.