

MEMORANDUM FOR THE COMMISSIONER OF THE OIL FIELD
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes O-104 and
 O-104-1-1-55

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
WELL NO.	
WELL OR FIELD	
TRANSPORTED TO	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	
Signature	

Amerada Hess Corporation
 Address
P. O. Box 591, Midland, Texas 79701

Receiver(s) for flow (Check proper box)

Flow Well	<input type="checkbox"/>
Re-completion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:
 Oil Dry Gas
 Condensed Gas Condensate

(Check release status)
**CHANGE MADE FROM
 AMERADA, INC.
 AMERADA HESS CORPORATION
 BY AMERADA HESS CORPORATION
 EFFECTIVE AUG. 1, 1971**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Number of Leases	Fee	Lease No.
Ida Wimberly	13	Langlie Mattix 7 Rivers Quad			
Location	Unit Letter	Foot From The	Direction	Foot From The	Direction
	M	520'	South	330'	West
	Line of Section	Township	Range	County	Lea
	24	25-S	37-N	BRAD	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authority for Transport of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give or Texas location; approved copy of this form is to be sent)
None	
Name of Authority for Transport of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give or Texas location; approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1804 El Paso, Texas 79948
If well produces oil or liquids, give location of tanks	Is gas or dry gas produced? When
	Yes 10/3/63

If this production is commingled with that from any other lease or pool, give complete description and acreage

TEST DATA

Designate type of completion -- (C)	Oil Well	Gas Well	Flow Test	Pressure	Depth	Time	Remarks
Well Spaced	Date Sample Ready to Prod.		Total Depth	Remarks			
Wellbore (DP, DRP, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Testing Depth			
Production				Depth Grading Area			

TESTING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH FEET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of first barrel of liquid oil and must be equal to or exceed top of oil well)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (From, To, or DP, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - bbls.	Gas - MCF

FLOW WELL

Actual Prod. From 10/3/70	Length of Test	Water - bbls. Produced	Gravity of Condensate
Testing Interval (From, To, or DP)	Testing Pressure (dp or in)	Casing Pressure (dp or in)	Choke Size

GENERAL STATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been completely obeyed and that the information given herein is true and complete to the best of my knowledge and belief.

[Signature]
 J. W. Runyan
 Geologist

OIL CONSERVATION COMMISSION

AUG 18 1971

[Signature]
 John W. Runyan
 Geologist

This form is to be filed in accordance with Rule 1104, which requires that the operator of a newly drilled or reworked well file a copy of this form with the Commission by the date of first production. The form is also required to be filed with the Commission by the operator of a well which has been reworked or recompleted. The form is also required to be filed with the Commission by the operator of a well which has been reworked or recompleted. The form is also required to be filed with the Commission by the operator of a well which has been reworked or recompleted.

RECEIVED

AUG 11 1971

OIL CONSERVATION COMM.
HOBBS, N. M.