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 LAND OFFICE _____
 TRANSPORTER OIL GAS
 OPERATOR _____
 PRODUCTION OFFICE _____
 OPERATOR _____

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-104
 Successors Old (Oil and Gas)
 Effective 1-1-65

REQUEST FOR ALLOWABLE
 AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Address: Amesada Hess Corporation

Drawer D, Monument, New Mexico 88265

Reasons for filing (Check proper box) (If more than one, please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recupulation Casinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H. D. McKinley</u>	Well No. Pool Name, including Formation <u>5 Bowers Seven Rivers</u>	Kind of Lease State, Federal or Free <u>Free</u>	Lease No. _____
Location			
Unit Letter <u>F</u>	<u>1909</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u>		
Line of Section <u>30</u>	Township <u>18S</u>	Range <u>28E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____	Address (Give address to which approved copy of this form is to be sent)
<u>P. & Q. Falco, Inc.</u>	<u>P. O. Box 108, Shreveport, Louisiana 71161</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas _____	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4th & Washington, Odessa, Texas 79760</u>
If well produces oil or liquids, give location of tanks.	Unit _____ Sec. _____ Twp. _____ Age _____ Is gas actually collected? _____ When _____

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. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.T.D.				
Elevations (D.E., R.H.L., A.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tying Depth				
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND OIL WELL

BEST FOR ALLOWABLE

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 of test (oil well)	Units	Date of Test	Production (oil, gas, etc.)
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual or Test (oil, gas, etc.)	Oil Rate	Water Rate	Gas-MCF
GAS WELL			
Actual or Test (oil, gas, etc.)	Length of Test	Brine Condensate-MCF	Gravity of Condensate
Testing Pressure (oil, gas, etc.)	Testing Pressure (oil, gas, etc.)	Casing Pressure (oil, gas, etc.)	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 herein is true and complete to the best of my knowledge and belief.

E. B. Fisher

Supv. Adm. Ser.

3-13-80

OIL CONSERVATION COMMISSION

APPROVED _____ 19 _____

BY Jerry S. Suppe
 TITLE Dist. L. Supp.

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, a permit must be accompanied by a tubulation of the relevant tests on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for allowable purposes of regulatory rules.
 This form, sections I, II, III, and VI for changes of owner, will be required for all transfers, leases, and other changes of control of the well. The operator shall file this form for each pool in which