

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

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

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

I. OPERATOR

Operator
Amerada Hess Corporation

Address
Drawer D, Monument, New Mexico 88265

Reason for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain)
Effective 5-1-82

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. A. Weir "A"	Well No./ Pool Name, including Formation 1 Eunice Monument G/SA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit/Block L 660 Feet From The West Line and 1980 Feet From The South Line of Section 25 Township 19-S Range 36-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74101
If well produces oil or liquids, give location of tanks. Unit L Sec. 25 Twp. 19-S Rge. 36-E	Is gas actually connected? Yes When 9-4-81

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 checked="" 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 Res't. <input type="checkbox"/> Diff. Res't.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations of CAS, RT, CP, etc. _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLESIZE 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 load oil and must be equal to or exceed 200 allowable for this depth or be for full 24 hours)

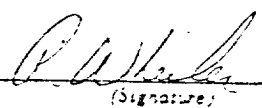
Date First New Oil Run To Tanks _____ Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____	Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. _____	Water-Bbls. _____ Gas-MMCF _____

GAS WELL

Actual Prod. Test-WCF/D _____ Length of Test _____	Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____	Casing Pressure (Shut-in) _____ Choke Size _____

I. 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.



 (Signature)
Production Clerk

 (Title)
April 5, 1982

 (Date)

OIL CONSERVATION COMMISSION
APR 6 1982

APPROVED _____, 19____
 BY **Les Clements**
 TITLE **Oil & Gas Insp.**

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, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.