

REQUIRED FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

UNIT NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

AMERADA HESS CORPORATION

Address
P. O. BOX 501, MIDLAND, TEXAS 79701

Reason(s) for filing (check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Other (Please explain) CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>						

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name W. A. Weir "B"	Well No. 2	Pool Name, including Formation Monument Grayburg San Andres	Residual Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F	1980 Feet From The	N Line and	1980 Feet From The	W
Line of Section 26	Township 19S	Range 36E	°	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petro. Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma				
If well produces oil or liquids, give location of tanks. Unit F	Sec. 26	Twp. 19S	Rge. 36E	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Recompletion	Plug Back	Some Rekey	Diff. Str.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, BKH, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of sand oil and must be equal to or exceed top all oils for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Testing Pressure (psi-24 hr)	Casing Pressure (psi-24 hr)	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 above is true and complete to the best of my knowledge and belief.

[Signature]
OPERATION SUPERVISOR

OIL CONSERVATION COMMISSION

APPROVED
AUG 18 1971

BY: *[Signature]*
TITLE: Geologist

This form is to be filed in compliance with RULE 440a.
If oil is produced in allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the displacement taken on the well in accordance with article 44a.
All sections of this form must be filled out completely. If oil...

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.