

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

NO. OF WELLS COVERED	
DATE OF FILING	
STATE	
FILE	
D.M.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator Amerada Hess Corporation

Address P. O. Box 591, 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. E. Phillips Gas Unit</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Funont Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter: <u>G</u> ; <u>1980'</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Northern Natural Gas</u>	<u>2223 Dodge Street, Omaha, Nebraska 68102</u>			
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>1</u> Twp. <u>20-S</u> Rge. <u>36-E</u>	Is gas actually connected? <u>Yes</u> 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 Res'y. Full. Res'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.		
Elevations (OF, FKB, RT, GR, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of flood oil and must be equal to or exceed top 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 - MCF

GAS WELL

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

[Signature]
 PRODUCTION RECORDS SUPERVISOR
 (Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19__

BY John W. Ryan
 (Signature)

TITLE _____

This form is to be filled in compliance with RULE 1104.
 If this be a request for allowables 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 N.M.C.C. 111.
 All portions of this form must be filled out completely for allowables.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.