

AMTORGREENTHEWELLBOREHOLELOGANDNATURALGAS

Name of Lessee  
 Address  
 City  
 State  
 Zip  
 Name of Operator  
 Address  
 City  
 State  
 Zip

Applicant: **Amstar Hess Corporation**  
 P.O. Box 591, Midland, Texas 79701

(Reasons for filing) (See 14 CFR 121.101)  
 New Well  Change in Transport  Gas (Please explain)   
 Recombinant  Oil  Dry Gas   
 Change in Ownership  Condensate

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

**DESCRIPTION OF WELL AND LEASE**  
 Lease No. **J. R. Phillips** Well No. **A** Pool No. **Northwest Grachuro San Andres** Date of Lease **1980** Lease Fee **200**  
 Location: **B** Feet From The **East** Line of **600** Feet From The **North** Line of Section **1** Township **20S** Range **30E** Meridian **10N** Lea County

**REGISTRATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil (X) or Condensate ( ) **Texas New Mexico Pine Line Company** Address (Give address to which approved copy of this form is to be sent) **Box 1510, Midland, Texas 79701**  
 Name of Authorized Transporter of Gas (X) or Dry Gas ( ) **Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent) **Box 1580, Tulsa, Oklahoma**  
 If well produces oil or liquids, give location of tanks. Unit **G** Sec. **1** Twp. **20S** Rng. **30E** Is gas naturally compressed? **Yes** When

If this production is commingled with that from any other lease or pool, give containing lease number.

**COMPLETION DATA**

Significant Type of Completion -- (X)	Oil Well	Gas Well	Both Oil & Gas	Water Well	Plug Back	Stim. Treat.	Well Test
None							
Date Spent	Date Comp. Ready to Prod.		Total Depth		F.R.T.D.		
Elevations (L.S., R.A.B., R.T., C.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CERTAIN OTHER DATA							
HOLE SIZE	CASING & TUBING SIZE		DEPTH (ft)		SACKS CEMENT		

**WELL TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of bore oil and must be equal to or greater than 20% for this depth or 10% for full 90 hours.)  
 Date First Flow Oil Run To Tanks Date of Test Producing by the 3 (Flowing, Shut-in, etc.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Flow During Test Oil + Bbls. Water + Bbls. Gas + Bbls.

**WELL DATA**  
 Total Flow Test Method Length of Test Bbls. Condensate + Bbls. Gas Gravity of Condensate  
 Tubing Pressure (at 100 ft) Casing Pressure (at 100 ft) Choke Size

**DECLARATION OF COMPLIANCE**  
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been read and that the information given above is true and complete to the best of my knowledge and belief.

**OIL CONSERVATION COMMISSION**  
 APPROVED: **AUG 18 1971**  
**John W. Runyan**  
 Geologist

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.