

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

Form O-104
Supersedes Old O-104 and C-1
Effective 1-1-55

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LAND OFFICE	
TRANSPORTER	☒ OIL ☐ GAS
OPERATOR	
PROCRATION OFFICE	

I. Operator
Amerada Hess Corporation
Address
Drawer D, Monument, New Mexico 88265
Reasons 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
J. R. Phillips	7	Monument Abo	State, Federal or Fee	Patent				
Location	Unit Letter	H	1980	Feet From The North Line and 760 Feet From The East				
Line of Section	I	Township	20 S.	Range	36 E.	NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	1	20-S	36-E	Yes	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Flowing, NF, P.B., RT, GP, etc.	Name of Producing Formation	True Oil Gas Pay	Tubing Depth					
Perforations	Depth Casing Set							
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 load oil and must be in accordance with Rule 111, able for this depth in hours)

Date of Test	Date of Test	Flowing, NF, P.B., RT, GP, etc.
Test Pressure	Test Pressure	Test Pressure
Actual Production (BBL)	Test Pressure	Test Pressure
GAS WELL	Length of Test	Flowing, NF, P.B., RT, GP, etc.
Actual Production (BBL)	Test Pressure	Test Pressure
Test Pressure (Shut-in)	Test Pressure (Shut-in)	Test Pressure (Shut-in)
Test Pressure (Shut-in)	Test Pressure (Shut-in)	Test Pressure (Shut-in)

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.

R. W. White
(Signature)

Production Clerk

(Title)

April 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1982

Orig. Signed by

BY

TITLE

This form is to be filed in compliance with RULE 110.

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.