

**PERMITS OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-106
Supersedes OBI-C-101 and O-102
Effective 1-1-65

WELL NO.	
LEASE NO.	
WELL TYPE	
WELL STATUS	
WELL DEPTH	
WELL DATE	
WELL TYPE	OIL GAS
WELL NO.	
LEASE NO.	
WELL TYPE	
WELL STATUS	
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WELL DEPTH	
WELL DATE	
WELL TYPE	OIL GAS

I. OPERATOR

Operator: Amerada Hess Corporation

Address: Box 591 - Midland, Texas

Reason(s) for filing (Check proper box):

New Well Change in Transporter of: Other (Please explain):

Recompletion Oil Dry Gas CHANGE NAME FROM AMERADA DIV.

Change in Ownership Casinghead Gas Condensate AMERADA HESS CORPORATION

EFFECTIVE AUG. 1, 1971

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

II. DESCRIPTION OF WELL AND LEASE

Lease No. <u>W.P. Bryd, [REDACTED]</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Monument Grayburg San Andres</u>	Type of Lease <u>State</u>	Lease Fee <u>Fee</u>
Location				
Unit Letter <u>G</u>	Feet From The <u>1980</u>	Line and <u>N</u>	Feet From The <u>1980</u>	County <u>E</u>
Line of Section <u>12</u>	Township <u>20S</u>	Range <u>36E</u>	NMPA <u>10a</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Arco Pipe Line Co.</u>	<u>Midland, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Warren Petroleum Corp.</u>	<u>Tulsa, Oklahoma</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>12</u>	Twp. <u>20S</u>	Rge. <u>36E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>Unknown</u>	

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"/> Re-enter	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Well	<input type="checkbox"/> Diff. Well
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
Elevations (DE, FLB, 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			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of proved oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date Final New Oil Run To Tanks	Date of Test	Producing Method (Flow, pressure, 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/DAY	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test Pressure (psi)	Tubing Pressure (24hr-3in)	Casing Pressure (24hr-3in)	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]
PRODUCER/OPERATOR

OIL CONSERVATION COMMISSION

AUG 18 1971

APPROVED _____

BY *[Signature]* Geologist

TITLE _____

This form is submitted in compliance with O.C.C. 1107.

If this is a recompletion allowable for a newly drilled or drilled well, this form must be accompanied by a tubulars log of the well taken on the well in accordance with O.C.C. 111.

All sections of this form must be filled out completely.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N.M.