

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

Form O-102
 Supersedes Old Form O-102
 Effective 1-1-65

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FILE	
M.I.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
Amherst Hess Corporation

Address
 P. O. Box 491, 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, 1970
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 <i>Redwood Unit</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Basant Vada 7 Bistone Group</i>	Kind of Lease State, Federal or Fed	Lease No. <i>101</i>
Location Unit Letter <i>M</i> : <i>660</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i> Line of Section <i>26</i> Township <i>20-S</i> Range <i>36-E</i> , N.M.S., <i>102</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Township Vada Pipeline Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1410 Midland, Texas 79701</i>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>4th St. Midland, Texas 79701</i>
If well produces oil or liquids, give location of tests. Unit <i>L</i> Sec. <i>26</i> Twp. <i>20-S</i> Rge. <i>36-E</i>	Is gas actually consigned? <input type="checkbox"/> When

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

V. 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 Restv.	<input type="checkbox"/> Drill. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, REB, 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					

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of dead 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/MMCF	Gravity of Condensate					
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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]
 SUPERVISOR

OIL CONSERVATION COMMISSION

APPROVED **AUG 18 1970**

BY *John W. Romyer*
 Geologist

TITLE _____

This form is to be filed in compliance with RULE 115A.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the desirable tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.