

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

Form O-106
 Revised by OGC 1-19-67
 Effective 1-1-68

NAME OF OPERATOR	
ADDRESS	
CITY AND STATE	
PHONE	
U.S. MAIL	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator: AMERADA HESS CORPORATION

Address: Box 9, Box 400, Amarillo, Texas 79101

Reason(s) for filing (check proper box)

New Well: <input type="checkbox"/>	Change in Transporter of: <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"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership: <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Box 9, Box 400, Amarillo, Texas</u>	Well No.: <u>0</u>	Pool Name, including Formation: <u>Trinidad, Texas 7, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100</u>	Kind of Lease: _____	Lease No.: <u>1987</u>
Location: _____	Unit Letter: <u>0</u>	Feet From The _____	Line and: <u>1000'</u>	Feet From The _____
Line of Section: <u>26</u>	Township: <u>36N</u>	Range: <u>26E</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)
<u>AMERADA HESS CORPORATION</u>	<u>Box 1410, Amarillo, Texas 79101</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>AMERADA HESS CORPORATION</u>	<u>Box 1410, Amarillo, Texas 79101</u>
If well produces oil or liquids, give location of tanks.	Unit: <u>0</u> Sec: <u>26</u> Twp: <u>36N</u> Rge: <u>26E</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)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Decision <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Wells <input type="checkbox"/>	Diff. Wells <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.N.T.D.					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Particulars			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 lined 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, etc lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-MCF	Water-MBbl.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Blls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shal-in)	Casing Pressure (Shal-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.

 Director

OIL CONSERVATION COMMISSION

APPROVED: John W. Penney, 1971
 BY: Geologist

TITLE: _____

This form is to be filed in compliance with rule # 1102.
 If this is a re-completion 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 # 1101.
 All sections of this form must be filled out completely for all wells.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOUSTON, TEXAS