

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and
Effective 1-1-65

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

AMERADA HESS CORPORATION

P. O. BOX 591, Midland, Texas 79701

Reason(s) for Plug (Check proper box)	Other (Please explain)
New Well ☐	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Flow Completion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Condensed Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Estimated Lease	Lease No.
State "0"	2	Monument Grayburg San Andres	State, Federal or Free State	BT382
Location				
Unit Letter L	1980	Feet From The S.	Line and 660	Feet From The W
Line of Section 18	Township	19S	Range	37E °
				Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Shell P. I. Co.	Box 2648 - Houston, Texas					
Name of Authorized Transporter of Condensed Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	Box 1589 - Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Range	Is gas actually condensed?	When	
	L	18	19S	37E	Yes	Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Re-work	Plug Back	Same Rest.	Diff. In
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.L.T.D.					
Elevations (DP, RFE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of fluid 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 Depth (If test is for gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Prod.	Water-Prod.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Prod. Condensate/MCF	Gravity of Condensate
Testing Depth (ft. from back pt.)	Testing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. 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.

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971
BY John W. Rungan
TITLE Geologist