

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

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

F.

LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Amerada Hess Corporation
Address
P. O. Box 591, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CHANGE NAME FROM
AMERADA DIV.
AMERADA HESS CORPORATION
TO: AMERADA HESS CORPORATION
EFFECTIVE AUG. 1, 1971
If change of ownership give name
and address of previous owner

G. DESCRIPTION OF WELL AND LEASE

Lease Name State "0"	Well No. 1	Pool Name, including Formation Bumont Queen/Gas	Kind of Lease State, Federal or Fee	Lease No. B-1553 122
Location Unit Letter B 660' Feet From The North Line and 1980' Feet From The East Line of Section 30 Township 19-S Range 37-E				

H. 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)
None	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	2223 Dodge Street-Omaha, Nebraska 68101
If well produces oil or liquids, give location of tanks.	Unit Gas Twp. Rgs. is gas actually connected? When Yes

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

I. COMPLETION DATA

Designate Type of Completion -- (X)		Oil Well	Gas Well	New Well	Workover	Reopen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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					

J. 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 oil available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (If low, produce gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

K. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. in.)	Choke Size

L. 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]
(Signature)
PRODUCTION MANAGER
(Print)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* AUG 19 1971
BY *[Signature]*
TITLE Geologist

This form is to be filled in compliance with Rule 110A.
If this test is required for allowable (or a newly drilled or deepened well, this form must be accompanied by a tabulation of the dead oil tests taken on the well in accordance with Rule 110A.
All sections of this form must be filled out completely for the purpose of determining allowable.

RECEIVED

AUG 12 1971

OIL CONSERVATION DIVISION
HOUSTON, TEXAS