

WELL NUMBER	
WELL TYPE	
FILE	
U.W.P.C.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW FIELD OR EXISTING FIELD OPERATOR
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-194
 Supersedes O-105 and O-106
 Effective 1-1-65

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):
GRANT NAME FROM AMERADA HESS CORPORATION TO AMERADA HESS CORPORATION EFFECTIVE AUG. 11, 1970

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "U"	Well No. 2	Pool Name, including Formation Monument Grayburg San Andres	Kind of Lease State	Lease No. 31428
Location Unit Letter D ; 650 Feet From The N Line and 660 Feet From The W. Line of Section 32 Township 19S Range 37E , N.M.P. Lea 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"/> Shell P. L. Co.	Address (Give address to which approved copy of this form is to be sent) Houston, Texas - P. O. Box 2648
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma - P. O. Box 1589
If well produces oil or liquid, give location of tanks. Unit D ; Sec. 32 ; Twp. 19S ; Rng. 37E	Is gas actually condensed? <input checked="" type="checkbox"/> Yes ; when Unknown

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"/> Reopen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resrv.	<input type="checkbox"/> Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.E.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		

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 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 (flow, back pr.)	Testing Pressure (psia-14.7)	Casing Pressure (psia-14.7)	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]
 PRODUCER/OPERATOR

OIL CONSERVATION COMMISSION

APPROVED **AUG 18 1971**

BY *[Signature]*
Geologist

TITLE _____

This form is to be filed in compliance with RULE 110a.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the completion 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.