

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer 00, Arado, NM 88210

DISTRICT III
 1000 Rio Grande Rd., Abec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: Amerada Hess Corporation
 Well AP No. _____

Address: Drawer D, Monument, New Mexico 88265

Reason(s) for Filing (Check proper box)

New Well Change in Transporter of: Other (Please explain) _____
 Recompletion Oil Dry Gas Amerada Hess Corporation physically took
 Change in Operator Casinghead Gas Condensate over operation on 11-7-89.

If change of operator give NAME and address of previous operator: John H. Hendrix Corporation, 223 West Wall, Suite 525, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. D. Haney	Well No. 1	Pool Name, including Formation Eunice Monument G/SA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter M	: 660	Feet From The South	Line and 660	Feet From The West
Section 33	Township 19S	Range 37E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corporation	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas Northern Natural Gas Company	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge Street, Omaha, Nebraska 68102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When?
		Yes

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	Gas Well	New Well	Workover	Deepen	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		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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 Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Wheeler, Jr.
 Signature: R. L. Wheeler, Jr. Supv. Adm. Svc.
 Printed Name: 11-8-89 Title: 505 393-2144
 Date: Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 9 1989**

By _____
 Title _____
 Orig. Sign. by Paul Kautz, Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.