

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

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

NO. OF APPLICANTS	
DIVISION	
SANTA FE	
P.O.	
U.S.G.S.	
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: Oil  Dry Gas   
 Recompletion  Condensate Gas  Condensate  Other (Please explain) **CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971**  
 Change in Ownership

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name **S. Phillips** Well No. **1** Pool Name, including Formation **Monument Grayburg San Andres** Kind of Lease **State Federal or Free Fee** Lease No.  
 Location  
 Unit Letter **N** : **330** Feet From The **South** Line and **2310** Feet From The **West**  
 Line of Section **33** Township **19S** Range **37E** , **NMPM**, **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
**Shell Pipe Line Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 2648, Houston, Texas 77001**

Name of Authorized Transporter of Condensate Gas  or Dry Gas   
**Warren Petroleum Corp.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1589, Midland, Texas**

If well produces oil or liquids, give location of tanks. Unit **K** Sec. **33** Twp. **19S** Rng. **37E** is gas actually connected? **Yes** 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	Gas Well	New Well	Workover	Shut-in	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RLR, 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 liquid 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-Ebble.	Water-Ebble.	Gas-MCF

**GAS WELL**

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

*[Signature]*  
 OPERATOR

**OIL CONSERVATION COMMISSION**

APPROVED **AUG 18 1971**

BY *[Signature]*  
**Geologist**

TITLE

This form is to be filed in compliance with Rule 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a translation of the directional logs for all of the well in accordance with Rule 1111.  
 All sections of this form must be filled out completely for all wells.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.