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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION 1034
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Oil C-100 and C
 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:
 Recombination Oil Dry Gas
 Change in Ownership Gashead Gas Condensate
 Other (Please specify):
**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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. M. Lambert</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Monument Bluebry</u>	Kind of Lease State, Federal or Fee <u>Patent</u>	Lease No.
Location Unit Letter <u>H</u> ; <u>2084'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>20-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2608, Houston, Texas 77001</u>
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>6</u> Twp. <u>20-S</u> Rng. <u>37-E</u>	Is gas actually collected? <u>Yes</u> When

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

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"/> Druggen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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

II. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of bound 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, pressure, 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/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (1145-711)	Casing Pressure (1145-711)	Choke Size

III. 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]
 SUPERVISOR
 (106)

OIL CONSERVATION COMMISSION

APPROVED [Signature] 1971

BY [Signature]

TITLE [Signature]

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, the form must be accompanied by a certificate of the district test laboratory and the well log and condensate analysis report.
 All requests for allowable must be filled out completely for all wells.

RECEIVED

AUG 16 1971
OIL CONSERVATION COMM.
WASHINGTON, D.C.