

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

Form O-104
Supersedes OMC-104 and O-110
Effective 1-1-65

OPERATOR		
DISTRIBUTION		
SALE AREA		
FILE		
U.S. DIST.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Amerada Hess Corporation
Address: **Box 591 Midland, Texas 79701**

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Re-completor Casinghead Gas Condensate
 Change in Ownership

Other (Please explain): **CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971**

If change in ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mathers State Com.	Well No. 1	Pool Name, including Formation North Bagley - Lower Penn	Kind of Lease State, Federal or Free State	Fee & State	Lease No. E-1442
Location Unit Letter D ; 660 Feet From The North Line and 760 Feet From The West					
Line Section 33 Township 11-S Range 33-E , NMPM, 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"/> Amoco Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville, Lubbock, Texas 79413				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589 - Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 33	Twp. 11-S	Rge. 33-E	Is gas actually connected? <input checked="" type="checkbox"/> 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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, ERB, 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 lead 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 (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

OIL CONSERVATION COMMISSION
 APPROVED **AUG 18 1971**
 BY *[Signature]*
 TITLE *[Signature]*

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[Signature]
 PRODUCTION SUPERVISOR

(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 calculation of the deviation tests taken on the well in accordance with NEM 111.
 All portions of this form must be filled out completely for allow-

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.