

REPORT FOR ALLOWABLE
AUG

Form O-11
Supersedes O-11-10-1-1
1-10-1964 Edition

APPLICABLE TO TRANSPORT OF OIL AND NATURAL GAS

AMERADA HESS CORPORATION

P. O. BOX 591 - MIDLAND, TEXAS 79701

<input type="checkbox"/> () <input type="checkbox"/> () <input type="checkbox"/> ()	Change to Transmitted Oil <input type="checkbox"/> Oil <input type="checkbox"/> Crude Oil or Gas	Other (Please Specify) <input type="checkbox"/> () <input type="checkbox"/> () <input type="checkbox"/> ()	CERTIFICATE FILED AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
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Exchange of ownership (give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Well Name W. A. Weir	Well No. (If Different, Indicate Formation) 6 Monument Grayburg San Andres	Depth of Lease State, Federal or Fee Fee	Lease No.
Under Letter C	Section 660	Foot From The N	Line and 1980
Line of Section 35	Township 19S	Range 36E	Lea

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authority Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Co. Box 1510, Midland, Texas 79701				
Name of Authority Transporter of Crude Oil <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Warren Petro. Corp. Box 1580, Tulsa, Oklahoma				
If well produces oil or Gasoline, give location of tanks.	Date 35	Sec. 19S	Top. 36E	Is gas currently compressed? Yes	When

If this production is combined with that from any other lease or pool, give corresponding order numbers

COMPLETION DATA

Designate type of Completion -- (X)	Oil Well	Gas Well	Flow Well	Workover	Test Open	Plug Back	Same Re-ty. Diff. Re-
Is it Spudded	Date Compl. Prod. to Prod.	Total Depth	P.B.T.D.				
Conditions (DF, RLB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				

YIP, BIG, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH (FT)	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWANCE

(Test must be after recovery of total volume of fluid and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Name of Test New Oil Run To Tank	Date of Test	Producing Depth (Flow period, gas lift, etc.)
Depth of Test	Tubing Pressure	Casing Pressure
Special Flow, Density Test	Oil-Rate	Water-Rate
		Gas-Rate

G/S WELL

APPROX. TEMPERATURE	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Pressure (psi) (at 10')	Casing Pressure (psi) (at 10')	Casing Pressure (psi) (at 10')	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 therein is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED BY: *John W. Reinyan*
Geologist
AUG 18 1971