

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

Form O-101
 Supersedes Old O-101 and 1
 Effective 1-1-65

NO. OF COPIES RECEIVED	
DISTRIBUTORS	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
 Amerada Hess Corporation

Address
 Box 591 - Midland, Texas 79701

Reason(s) for Filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	CHANGE NAME FROM
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	AMERADA DIV.
	Dry Gas <input type="checkbox"/>	AMERADA HESS CORPORATION
	Condensate <input type="checkbox"/>	TO: AMERADA HESS CORPORATION
		EFFECTIVE AUG. 1, 1971

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State D "A"	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	State Lea	Lease No. B35
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u>					
Line of Section <u>16</u> Township <u>21S</u> Range <u>37E</u> ° , 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When Unknown

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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

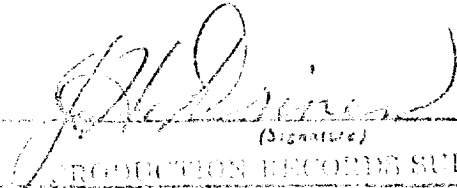
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

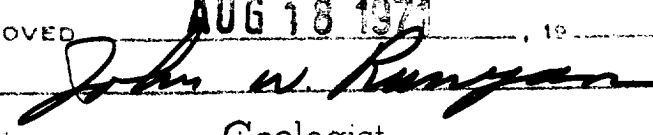
VI. CERTIFICATE OF COMPLIANCE

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.


 (Signature)
 PRODUCTION RECORDS SUPERVISOR
 (Title)

OIL CONSERVATION COMMISSION

APPROVED **AUG 18 1971**, 19__

BY 
 TITLE **Geologist**

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 tabulation of the deviatoric tests taken on the well in accordance with rule 111.
 All sections of this form must be filled out completely for this state.

RECEIVED

AUG 12 1971

OIL CONSERVATION COM.
HOUSTON, TEXAS