

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-100
Revised 10/1/66
OCS-100-1-1-66

AMERADA HESS CORPORATION

Address: P. O. BOX 591, Midland, Texas 79701

Receipt(s) for Delivery (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION (EFFECTIVE AUG. 7, 1971)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Confinement Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. W. Andrews	Well No. 6	Pool Name, Including Formation Monument Grayburg San Andres	Kind of Lease State, Federal or Fee Federal	Tract No. 10046114
Location				
Unit Letter X //	660	Feet From The South	Line and 660	Feet From The West
Line of Section 12	Township 20S	Range 36E	County Lea	State Texas

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> ARCO Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1978, Roswell, New Mexico 88201			
Name of Authorized Transporter of Gas Inhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12	Twp. 20S	Rge. 36E
	Is gas actually deaerated?		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	Drillstem	Plug Back	Same Rec'v. Blk.
Date founded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Observations (GF, RRB, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test - MCF/D (100' in)	Tubing Pressure (Test-30')	Casing Pressure (Test-30')	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
AUG 18 1971
APPROVED BY: *John W. Runyan*
Geologist
TITLE: _____

RECEIVED

AUG 12 1971

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