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LAND OFFICE
TRANSPORTER
OPERATOR
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 11-104
Supersedes Old 1-104 and C-1
Effective 1-1-83

Operator Amerada Hess Corporation	
Address Drawer D, Monument, New Mexico 88265	
Reasons for filing (check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Changehead Gas ☐ Condensate ☐
Change in Ownership ☐	Effective 5-1-82

If change of ownership give name and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren McKee Unit	Well No. 113	Pool Name, including Formation Warren McKee Simpson	Kind of Lease State, Federal or Fee	Lease No.
Location Unit is Sec. P 660 Feet From The South Line and 660 Feet From The East	Line of Section 18	Township 20-S	Range 38-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Changehead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or condensate, give location of tanks. Unit Sec. Twp. Rge. I 18 20-S 38-E	Is gas actually connected? 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 Reservoir	Shut. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Element (P, A.B., P.T., G.P., 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

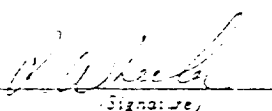
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be held to break down allowable for this depth or less for 16 hours)

Date First Production or Test	Date of Test	Production (Flow, pump, gas lift, etc.)	
Flowing Pressure	Shut-in Pressure	Flowing Pressure	Shut-in Pressure
Actual Flowing Rate	Shut-in Rate	Actual Flowing Rate	Shut-in Rate
Actual Test Workover	Length of Test	Flow. Checkover/Workover	Gravity of Condensate
Testing Method (pump, back flow)	Testing 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 Clerk

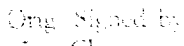
(Title)

April 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1982, 19

BY 
Les Clements
Oil & Gas Insp.

This form is to be filed in compliance with RULE 1101.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.