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

Form O-104
Supersedes Old O-104 and C-
Effective 1-1-85

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator: **Amerada Hess Corporation**
Address: **Drawer D, Monument, New Mexico 88265**

Reasons for filing (Check proper box):
 New Well: Change in Transporter of:
 Recompletion: Oil Dry Gas
 Change in Ownership: Casinghead Gas Condensate

Other (Please explain): **Effective 5-1-82.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gill Deep	Well No. 2	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location: Unit Letter L 2080 Feet From The South Line and 614 Feet From The West					
Line of Section 31 Township 21 S. Range 37 E. NMPM, Lea County					

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 (EH. 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 Casinghead Gas or Dry Gas
Getty Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1351, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit M	Sec. 31	Twp. 21S	Range 37E	Is gas actually connected? Yes	When 11-24-75
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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	Some Restr.	Diff. Restr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.					
Elevation (A.M.S.L., R.L., etc.)	Name of Producing Formation	Test Oil/Gas Pay	Testing Depth					
						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 conducted in accordance with allowable for this depth or be for full 24 hours)

Date First Test (Oil, Gas, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow (Water Test)	Oil-Boils	Water-Boils	Gas-WOP

GAS WELL

Actual First Test (Oil, Gas, etc.)	Location of Test	Boils, Condensate, etc.	Gravity of Condensate
Testing Method (pilot, backflow)	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.

R. Whelan
(Signature)
Production Clerk
(Title)
April 5, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 8 1982** 19____
 BY **Les Clements**
 Oil & Gas Insp.

TITLE _____

This form is to be filed in compliance with RULE 110.
 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 change of owner, well name or number, or transporter, or other such change of condition.