

DATE RECEIVED	
DISTRIBUTION	
DATE	
FILE	
UNIT	
LAND OFFICE	
TRANSPORTED	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

I. OPERATOR
AMERADA HESS CORPORATION
Address
P. O. Box 591, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Renovation ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION 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 B T "O"	Well No. 1	Pool Name, including Formation Bagley Penn	Kind of Lease State, Federal or Free State	Lease No. E-1021
Location Unit Letter: 0 ; 77 Feet From The South Line and 2310' Feet From The East Twp. of Section 34 Township 11-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville, Jathbock, Texas	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	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 Sec. Twp. Rge. 0 34 11-S 33-E	Is gas actually connected? Yes	When 12/15/57

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 Back	Diff. Back
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RFB, 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 (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 (flow, 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.

J. H. Driver
(Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION
APPROVED
BY **J. H. Driver**
TITLE **PRODUCTION RECORDS SUPERVISOR**

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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable.

RECEIVED
AUG 10 1971
OIL CONSERVATION COMM.
HOBBS, N. M.