

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Amerada Hess Corporation

Address
P.O. Drawer D, Monument, New Mexico 88265

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 3-18-86

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name W. W. Hamilton	Well No. 2Y	Pool Name, including Formation Knowles Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L	1520	Feet From The South	Line and 500	Feet From The West
Line of Section 35	Township 16S	Range 38E	N.M.P.M.	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 200 W. 7th, Suite 2300, Ft. Worth, Tx. 76102
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit L Sec. 35 Twp. 16S Rge. 38E Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-23-85	Date Compl. Ready to Prod. 11-4-85	Total Depth 14,168'	P.B.T.D. 12,417'						
Elevations (DF, RAB, RT, CR, etc.) 3699' CR	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,280'	Tubing Depth 9,983'						
Perforations 12,280' to 12,304'			Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	404'	425 sks.
11"	8-5/8"	4,924'	1700 sks.
7-7/8"	5-1/2"	13,200'	425 sks.

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 top allowable for this depth or be for full 24 hours)

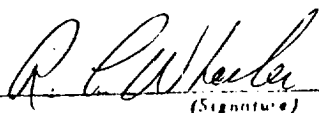
Date First New Oil Run To Tanks 11-8-85	Date of Test 11-8-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 91	Water-Bbls. 161	Gas-MCF 0

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Supv. Adm. Svc.

4-1-86

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 7 - 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 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 conditions.

Separate Form C-104 must be filed for each pool in multiple-completed wells.

RECEIVED
APR 4 1986
C-23
HOBBS OFFICE