

STATE OF NEW MEXICO	
DIVISION OF	
LAND & MINES	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-100
Supersedes Old C-100 as of
Effective 1-1-65

Operator Amerada Hess Corporation	
Address P. O. Box 591-Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

Lease Name State L "A"	Well No. 11	Pool Name, including Formation Lovington Abo	Kind of Lease State, Federal or Free State	Lease No. H-2359
Location Unit Letter G ; 1650' Feet From The North Line and 1980' Feet From The East Line of Section 1 Township 17-S Range 36-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Company	Address (Give address in which approved copy of this form is to be sent) Box 1510-Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1351-Midland, Texas 79701
If well produces oil or liquids, give location of tanks. Unit G Sec. 1 Twp. 17-S Rge. 36-E	Is gas externally connected? When Yes

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Redesign ☐ Plug Back ☐ Some Restr. ☐ Diff. ☐		
Date Spudded	Date Compl. Ready to Prod.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
Perforations	Top Oil/Gas Pay		
	Tubing Depth		
	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of tested oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pumpjack, 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/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED AUG 18 1971 BY <i>John W. Runyon</i> Geologist
<i>J. W. Runyon</i> PRODUCTION REGISTRY SUPERVISOR	TITLE _____
	This form is to be filled in compliance with Rule 1100.
	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the data taken on the well in accordance with Rule 1100.
	All sections of this form must be filled out completely for all wells.

RECEIVED

AUG 11 1971

OIL CONSERVATION COMM.
HOBBS, N. M.