

REQUEST FOR ALLOWABLE AND AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

This form is
 superseded by OGC-1-101-1
 Effective 1-1-65

ADDRESS AMERADA HESS CORPORATION P. O. BOX 591 - MIDLAND, TEXAS 79701			
RECEIVED(S) FOR (Check proper box) New Well ☐ Re-completion ☐ Change in Ownership ☐		Change in Term (enter date) Oil ☐ Gas ☐ Other (Please explain) ☐	
CHANGE IN OWNERSHIP AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971		OTHER (Please explain)	

If change of ownership give name
 and address of previous owner

DESCRIPTION OF WELL AND LEASE

LEASE NAME W. A. Weir	WELL NO. 1	POOL NAME, INCLUDING FORMATION Monument-Crayburg San Andros	LEASE TYPE State, Federal or Fee	LEASE NO. Fee
LOCATION Unit Letter: M : 660 East From The S Line and 660 West From The Line of Section 35 Township 19S Range 36E Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate Texas-New Mexico Pine Line Co. Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas 79701	Name of Authorized Transporter of Gas (X) or Dry Gas Warren Petro. Corp. 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: 35 Sec.: 19S Range: 36E	Is gas actually condensed? 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 Wellbore Completion Plug Back Some Other Diff.	Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D.
Perforations (DF, RKB, RF, GR, etc.) Name of Producing Formation 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 OIL WELL

(Test must be after recovery of total volume of fluid oil and must be equal to or exceed top oil yield for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure Oil Bbls.	Producing Method (beam pump, gas lift, etc.) Casing Pressure Water Bbls.	Choke Size Gas-MCF
---	--	--	-----------------------

GAS WELL

Actual Prod. Test-MCF/D Length of Test Testing Pressure (psig or psi)	Bbls. Condensate/MCF Gravity of Condensate Casing Pressure (psig or psi)	Choke Size
---	--	------------

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.

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971
 BY: John W. Runyan
 TITLE: Geologist

This form is to be filed in compliance with OGC-1-101-1.

Make this report available for review by OGC-1-101-1. This report must be accompanied by a statement of the day's work, taken on the well, in accordance with OGC-1-101-1.

All records of this report must be filed and completely filed.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.