

STATEMENT FOR ALLOWABLE  
AND  
APPROPRIATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-101  
Supersedes OCS-101-1  
Effective 1-1-65

Oil Well	<input type="checkbox"/>
Gas Well	<input type="checkbox"/>
Water Well	<input type="checkbox"/>
Other	<input type="checkbox"/>

AMTRADA HESS CORPORATION

P. O. BOX 591 - MIDLAND, TEXAS 79701

Production (Oil) (Check proper box)	Change in Transportation	Other (Please explain)	CHANGE FROM FROM AMTRADA DIV. AMTRADA HESS CORPORATION TO: AMTRADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
New Well	Oil	Dry Gas	
Production	Condensate	Condensate	

If change of ownership gives name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lessee Name	Well No.	Pool No. or Pooling Formation	Lease Type	Lease Fee
W. A. Hair	8	Honnumt Grayburg San Andres	State, Federal or Fee	Fee
Location	Unit Tract <b>D</b> : <b>660</b> Feet From The <b>N</b> Line and <b>660</b> Feet From The <b>W</b>			
Line of Section	<b>35</b>	Township	<b>19S</b>	Range
			<b>36E</b>	County
			<b>Lea</b>	<b>Lea</b>

**III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Gas and/or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petro. Corp.	Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	In gas actually connected? When
Unit	Yes
Sec. <b>35</b>	
Twp. <b>19S</b>	
Range <b>36E</b>	

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 Res'n.	Disc. H.
Days Spent	Date Comp. Ready to Prod.	Total Depth	P.W.T.D.					
Elevations (DE, RFS, RT, CR, 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 load oil and must be equal to or exceed try oil available for this depth or be for full 24 hours)**

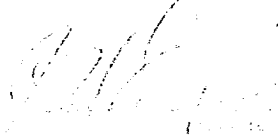
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil+Hols.	Water+Hols.
		Gas+MCF

**GAS WELL**

Actual Prod. Test+MCF/D	Length of Test	BHR. Condensate/MCF	Gravity of Condensate
Test Pressure (psia, bara, etc.)	Tubing Pressure (psia, bara)	Casing Pressure (psia, bara)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

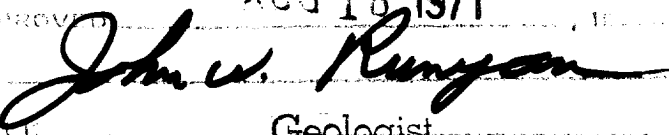
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
 W. A. Hair  
 Lessee

**OIL CONSERVATION COMMISSION**

**AUG 18 1971**

APPROVED \_\_\_\_\_

BY:   
**John W. Runyan**  
 Geologist

THIS FORM IS TO BE FILED IN COMPLIANCE WITH THE RULES AND REGULATIONS OF THE OIL CONSERVATION COMMISSION. IF THIS WELL IS PRODUCING ALLOWABLES FOR A PERIOD OF 30 DAYS, THIS FORM IS TO BE FILED WITHIN 30 DAYS OF THE END OF THE PERIOD. IF THE WELL IS NOT PRODUCING ALLOWABLES, THIS FORM IS TO BE FILED WITHIN 30 DAYS OF THE END OF THE PERIOD.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.  
NOBBS, H. H.