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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 O-104  
Supersedes O&C-104 and 1  
Effective 1-1-61

Operator  
Amerada Hess Corporation

Address  
P. O. Box 591, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CHANGE NAME FROM
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	AMERADA DIV.
		Dry Gas	<input type="checkbox"/>	AMERADA HESS CORPORATION
		Condensate	<input type="checkbox"/>	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 J. R. Phillips	Well No. 5	Pool Name, including Formation Monument McKee Ellenbur- ger Gas	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <u>A</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	Box 1510-Midland Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	2223 Dodge Street-Omaha, Nebraska 68101
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 1 20-S 36-E	Yes

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 Rest'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
able 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/MCF	Gravity of Condensate
Testing Method (pilot, 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. Krinner*  
(Signature)  
PRODUCTION RECORDS SUPERVISOR  
(Title)

OIL CONSERVATION COMMISSION

APPROVED 10 1971, 19  
BY *J. R. Phillips*  
TITLE SUPERVISOR DISTRICT I

This form is to be filled 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 district  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
wells as required by the Commission.

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AUG 17 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.