

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

Form O-100
Supersedes old O-100 and
Effective 1-1-65

NAME OF WELL	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Amerada Hess Corporation	
Address 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
Recapitulation ☐	Change In Transporter of: Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W.P. Byrd, Ptry. 2	Well No. 4	Pool Name, including Formation Monument Grayburg San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	660	Feet From The N	Line and 1980	Feet From The W
Line of Section 12	Township 20S	Range 36E	N.M.P.M.	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) Midland, Texas			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 20S	Rge. 36E
				Is gas actually commingled? Yes
				When Unknown

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (BF, FRK, 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 OIL WELL

(Test must be after recovery of total volume of lead 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 (Pump, 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/MMCF	Gravity of Condensate
Test (Weight, spec, assay, etc.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. 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.


John W. Runyan
Geologist

OIL CONSERVATION COMMISSION

APPROVED

MAY 18 1971

BY

TITLE

This form is to be filed in compliance with RULE 1103.

If this is a gas well, allowable for a newly drilled oil well, this form must be accompanied by a statement of the tests taken on the well in accordance with RULE 1103.

All sections of this form must be filled out and signed, for all wells.

RECEIVED
AUG 12 1971
OIL CONSERVATION COMM.
HOSEA, L. I.