

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

Form O-104
Supersedes OHS O-100 and O-101
Effective 1-1-55

NAME OF OPERATOR	
SALES TAX	
FILE	
U.S. TAX	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Amerada Hess Corporation

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☐	Condensate Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
State W E "D"	1	Lumont Yates 7 Rivers Queen	State, Federal or Fee State	B-11206				
Location								
Unit Letter	I	1980'	Feet From The South Line and 660'	Feet From The East				
Line of Section	27	Township	20-S	Range	36-E	N.M.P.M.	Loc	Contd.

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)					
Texas-New Mexico Pipeline Company	Box 1510 Midland, Texas 79701					
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	4th & Washington-Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	27	20-S	36-E	Yes	7/28/55

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 Prod.	Diff. Prod.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., R.K.B., R.T., G.R., 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 liquid oil and must be equal to or exceed top allowable 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/MMCF	Gravity of Condensate
Testing Method (pump, back prod.)	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.

[Signature]
PRODUCTION OPERATOR

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971
BY *[Signature]*
Geologist

This form is to be filed 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 shut-in tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for the file.

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.