

LAND OFFICE	
DATE RECEIVED	
FILE	
DISPATCH	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OF FIELD	

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

Form 1-1965
Supersedes Old Form 1-1961
Effective 1-1-65

Address Amerada Hess Corporation P. O. Box 591, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	CHANGE NAME FROM AMERADA Hess AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 17, 1971

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State M "T"	Well No. 1	Pool Name, including Formation Eumont Yates 7 R Q	Kind of Lease State, Federal or Free State	Lease No. B-1431 D-2869
Location Unit Letter <u>N</u> : <u>990'</u> Feet From The <u>South</u> Line and <u>1650'</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>19-S</u> Range <u>37-E</u> , <u>Perm.</u> Co. <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1582, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>5</u> Twp. <u>19-S</u> Rge. <u>37-E</u>	Is gas actually collected? <u>Yes</u> When <u>3/25/65</u>

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	Flow Well	Workover	Re-work	Plug back	Same as last	Full Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.A.B., K.T., G.K., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 fluid oil and must be equal to or exceed the allowable for this depth or be for full 24 hours)

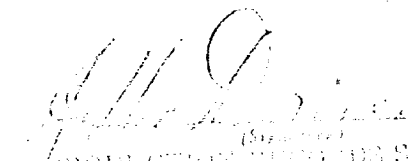
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

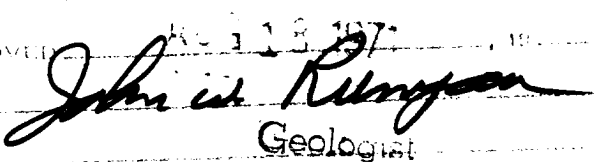
Actual First Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back flow)	Testing Pressure (lb./sq.-in.)	Casing Pressure (lb./sq.-in.)	Choke Size

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.


Harold Otter, Supervisor

OIL CONSERVATION COMMISSION

APPROVED: 
Geologist

This form is to be filed in compliance with rule 1-1965.

1. This is a request for allowable for a well. If the well is to be operated by a method other than the one shown on this form, the operator must file a separate application with the Commission.

RECEIVED

AUG 12 1971

OIL CONSERVATION COM.
HOBBES, N. M.