

U.S. DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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

Form O-104
Supersedes OIL C-104 and S-104
Effective 1-1-65

Address	
P. O. Box 591-Midland, Texas 79701	
Reason(s) for filing (check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain): CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1970	

If change of ownership give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
W. D. Henry	1	Hampton Sandstone Sh. (Leflore)	State, Federal or Fee	Patent
Location				
Unit Letter	M	6101 Feet From The South Line and	6101 Feet From The West	
Line of Section	33	Township	19-S	Range
			27-E	N.M.P.M.
				Loc. County

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)		
Shell Pipeline Company		Box 2642-Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation		Box 1440-Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Reg.
	M	33	19-S	27-E
				Is gas actually connected? When
				Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA				
Designate Type of Completion -- (X)				
Oil Well	Gas Well	New Well	Workover	Deepen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, KKB, 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	

TEST DATA AND REQUEST FOR ALLOWABLE (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 Row 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 (piston, back pt.)	Tubing Pressure (lb./sq. in.)	Casing Pressure (lb./sq. in.)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED	
		BY: John W. Runyan	
		Geologist	
TITLE		This form is to be filed in compliance with RULE 100.	
		If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the density tests taken on the well in accordance with Part C-104.	
		All sections of this form must be filled out completely for the	

RECEIVED

AUG 12 1971

OIL CONSERVATION COMM.
HOBBE, H. M.