

NAME OF OPERATOR		
STATE OF TEXAS		
COUNTY		
TOWNSHIP		
RANGE		
SECTION		
WELL NO.		
POOL NAME		
DATE OF COMPLETION		
DATE OF TEST		
DATE OF REPORT		

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

Form O-1004
Revised 1-1-64
Effective 1-1-64

Operator Amerada Hess Corporation			
Address P. O. Box 591 - Midland, Texas 79701			
Reason for request (check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971	
Reoperator ☐	Casinghead Gas ☐ Condensate ☐		
Change in status ☐			

If change in ownership give name
and address of previous owner

II. DESIGNATION OF WELL AND LEASE

Location State WE "A"	Well No. 2	Pool Name, including Formation Eumont, Queen Cos.	Kind of Lease State, Federal or Fee State	Lease No. E394
Location Unit or Sec. C 1980 Feet From The West Line and 660 Feet From The North Line Block Section 12 Township 21-S Range 35-E , 10MPM , 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)		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)		
E1 Paso Natural Gas		P. O. Box 1384 - El Paso, Texas 79948		
If well produces Oil or Hydraulic give location of tanks.	Unit C	Sec. 12	Twp. 21S	Rgr. 35E
				Is it actually connected? 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	Some Re-entry	Diff. Re-entry
Date Completed	Date Compl. Ready to Prod.	Total Depth		FEET TO					
Elevation (ft., REB, RT, Gk, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
POLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL TEST

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available for this depth or be for full 24 hours)

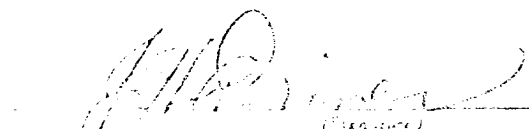
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

DATA TABLE

Actual Flow - Oil - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Interval (Start, back up)	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 RECORD FILE NO. **111003**
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1971**, 12
BY **John W. Runyon**
Geologist

This form is to be filed in compliance with RULE 110A.

If this is a request for allowable (i.e., newly drilled or deepened well) this form must be accompanied by a declaration of the deviation to be taken on the well in accordance with RULE 110A.

All records of this form must be filed and completely filled out.

RECEIVED

AUG 12 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**