AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Amerada Hess Corporation

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

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Transporter(s) [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CHANGE MADE FROM AMERADA INC. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG 1, 1971

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 I "A"	2	Undesignated Yates 7 Rivers Queen	State, Federal or Fee State	L-397

Location
Unit Letter C : 660' Feet From The North Line and 1980' Feet From The West

Line of Section 12 Township 21-S Range 35-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Shell Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
Box 2648, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
4th & Washington-Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	12	21-S	35-E

Is gas actually connected? Yes When

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 Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

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 (pitot, back pr.)	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.

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19

BY: John W. Runyan

TITLE: Geologist