

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

Form No. 1
Substituted OIL C-16; and C-110
Effective 1-1-66

NAME OF WELL	
LOCATION	
DATE OF COMPLETION	
TYPE OF WELL	
DEPTH OF WELL	
PRODUCING FORMATION	
PERFORATIONS	
DATE OF TEST	
TEST RESULTS	

Amerada Hess Corporation	
Box 591 - Midland, Texas 79701	
Requesting (check proper box)	Other (Please explain)
New Well	CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971.
Re-work	
Change in Transporter	
Change in Transporter of Oil	
Change in Transporter of Gas	

If change in ownership, give name and address of previous owner

II. BASIC DATA OF WELL AND LEASE

Lease Name	Well No.	Producing Formation	Kind of Lease	Lease No.
L. G. Warlick A	1	Drinkard	State, Federal or Fee	Fee
Location				
Unit Section 19 Township 21S Range 37E				
County Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Approved Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Co.	Box 1510 - Midland, Texas 79701
Name of Approved Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Co.	Box 1351 - Midland, Texas 79701
Amerada Hess Corporation	Box 591 - Midland, Texas
If well produces oil or liquids, give location of tanks	Is gas actually transported?
Unit Sec. Twp. Range	Yes
I 19 21S 37E	

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	Time Reelv.	Diff. Reelv.
Date Sp. S. All	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevation (D.F., R.R., 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 OIL WELL

(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)

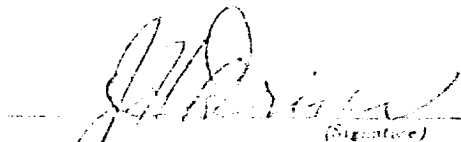
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Action Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Action First Test-MCF/D	Length of Test	Bble. Condensate/MWCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing 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.


(Signature)

PRODUCTION RECORD SUPERVISOR

(Title)

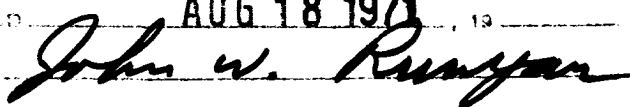
OIL CONSERVATION COMMISSION

APPROVED

AUG 18 1971

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BY



TITLE

Geologist

This form is to be filed in compliance with RULE 1106.

If made in a request for allowable for a newly drilled or deepened well, this form must be accompanied by a resolution of the district board of the well in accordance with RULE 111.

A duplicate of this form may be filed not completely for situ-

RECEIVED

AUG 12 1971

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