

UNITED STATES OF AMERICA	
DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	
LAND OFFICE	
LAND OF FILL	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Form O-166
Supersedes Old O-166, 1-1-60
Effective 1-1-67

Amerada Hess Corporation

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 ☐ Gas/inghead Gas ☐ Condensate ☐

Other (Please explain)
CHANGE NAME FROM
AMERADA DIV.
AMERADA HESS CORPORATION
TO AMERADA HESS CORPORATION
EFFECTIVE AUG. 1, 1971

If change of ownership give name
and address of previous owner

M. DESCRIPTION OF WELL AND LEASE

Lease Name B. Corrigan	Well No. 4	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> ; <u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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 Gas/inghead Gas ☒ or Dry Gas ☐ Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1351-Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>4</u> Twp. <u>22-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>Yes</u> 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.E.T.D.			
Elevations (DF, FKE, 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
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 (pump, back prod)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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 1971, 19
BY John W. Runyan
TITLE Geologist

This form is to be filed in compliance with RULE 117A.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the depth tests taken on the well in accordance with RULE 117A.
All sections of this form must be filled out completely for the applicable section.

RECEIVED

AUG 12 1971

OIL CONSERVATION C. M.
NO. 100, 101, 102