

DISTRICT			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATION			
PROPORTION OF LEASE			

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

Form O-101
Supersedes O-101-C-101 and C-101
Effective 1-1-65

Operator Amerada Hess Corporation	
Address P.O. Box 591 Midland, Texas 79701	
Reason(s) for filing (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-completion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change in ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
E. W. Walden	4	Drinkard	State, Federal or Fee	Fee
Location				
Unit Letter	L	1980 Feet From The	South	Line and 660 Feet From The
Line of Section	15	Township	22-S	Range 37-E
		NMPM		Loca
				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)	
Shell Pipe Line Company	Houston, Texas	
Northern Natural Gas Co.	HODDS, NEW MEXICO	
Skelly Oil Company	Eunice, New Mexico	
Name of Transporter of Casinghead Gas ☐ High Pressure ☐ Low Pressure ☐	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	15
	22-S	37-E
	Yes	09-03-65

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		B.P.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

ROLE 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/MMCF	Gravity of Condensate
Testing Method (pilot, 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

BY

TITLE

This form is to be filed in compliance with NMF 1103.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with NMF 1111.

All sections of this form must be filled out completely for all wells.

PRODUCTION RECORDS SUPERVISOR

RECEIVED

AUG 12 1971

OIL CONSERVATION COM.
HOUSTON, TEXAS