

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

Form O-101
Supersedes Old O-101
Effective 1-1-55

DATE RECEIVED	
DIVISION	
TABLET	
FIRE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Amerada Hess Corporation

Address
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 ☐ Casinghead 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. Wood	Well No. 10	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee Patent	Lease No.
Location Unit Letter H ; 1880 Feet From The N Line and 860 Feet From The E Line of Section 22 Township 22S Range 37E ° NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Houston, Texas			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 22S	Rge. 37E
	Is gas actually connected?		When	
	Yes		Unknown	

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	Gas Lift	Plug Back	Same Reservoir	Diff. Reservoir
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 (Text must be after recovery of total volume of liquid oil and must be equal to or exceed total allowable for this depth or be for full 24 hours)

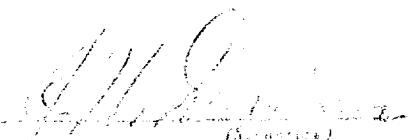
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pw)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

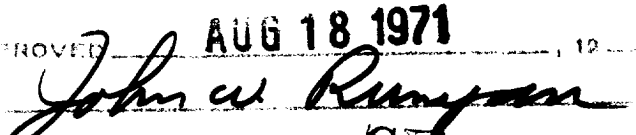
VI. CERTIFICATE OF COMPLIANCE

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.



Roy H. Hines
Oil Conservation Supervisor
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 18 1971**
BY 
TITLE **Geologist**

This form is to be filed in compliance with rule 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 test data taken on the well in accordance with rule 111.

All sections of this form must be filled out completely for the file.

RECEIVED

AUG 12 1971

OIL CONSERVATION COM. 11
HOUSTON, TEXAS